Texas Department of Aging and Disability Services

ICF/IID Directory De

December, 2016

Sorted by: County, City, Facility Name

County ANDERSON			Reg Svcs:	ICF/IID TEAM		Region 04 - TYLER
Facility Information:	Facility ID:	003868			Owner Information	
ELKHART INN COMMUNITY	HOME				EDUCARE COMMUNITY LIVING LIMITE	ED PARTNERSHIP
208 FM 1817 ELKHART	TX	75839			9901 LINN STATION ROAD	
Phone (903) 764-5072		Fax			LOUISVILLE KY	40223-3808
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE: (502) 394-2100	FAX: (502) 394-2285
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2017	
County ANDERSON			Reg Svcs:	ICF/IID TEAM		Region 04 - TYLER
Facility Information:	Facility ID:	007294			Owner Information	
CRESTVIEW COMMUNITY H	OME				EDUCARE COMMUNITY LIVING LIMITE	ED PARTNERSHIP
216 CREST DR PALESTINE	TX	75801-7360			9901 LINN STATION ROAD	
Phone (903) 729-1898	17	Fax			LOUISVILLE KY	40223-3808
,			0	ICE/IID. 6	PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0		TITLE 18: TITLE19:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 01/01/2017	
County ANDERSON			Reg Svcs:	ICF/IID TEAM	<u> </u>	Region 04 - TYLER
Facility Information:	Facility ID:	003685	1 tog 0 103.	IOI /IID I L/ WI	Owner Information	.togion of FFER
MAVERICK COMMUNITY HO	•				EDUCARE COMMUNITY LIVING LIMITE	ED PARTNERSHIP
427 MAVERICK DR					9901 LINN STATION ROAD	
PALESTINE	TX	75801			LOUISVILLE KY	40223-3808
Phone (903) 723-0777		Fax	(713) 622-9141		PHONE : (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	,	(**-) ** * ==**
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2017	
County ANDERSON			Reg Svcs:	ICF/IID TEAM		Region 04 - TYLER
Facility Information:	Facility ID:	007456			Owner Information	
REDWOOD TERRACE COMM	MUNITY HOME				EDUCARE COMMUNITY LIVING LIMITE	ED PARTNERSHIP
115 REDWOOD DR PALESTINE	TX	75801-5826			9901 LINN STATION ROAD	
Phone (903) 729-6700		Fax	(713) 622-9141		LOUISVILLE KY	40223-3808
TOTAL Lic Capacity: 0		TITLE 18:	,	ICF/IID: 6	PHONE: (502) 394-2100	FAX: (502) 394-2285
Cert Alzh Capacity: 0		TITLE 19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	•		License Exp Dt: 01/01/2017	
County ANDERSON			Reg Svcs:	ICF/IID TEAM		Region 04 - TYLER
Facility Information:	Facility ID:	003928	-		Owner Information	
WESTWOOD COMMUNITY H	IOME				EDUCARE COMMUNITY LIVING LIMITE	ED PARTNERSHIP
219 BROOKVIEW LN	TV	75004			9901 LINN STATION ROAD	
PALESTINE Phone (903) 729-8711	TX	75801 Fax	(713) 622-9141		LOUISVILLE KY	40223-3808
,			, ,	ICE/IID. 6	PHONE: (502) 394-2100	FAX : (502) 394-2285
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0		TITLE 18: TITLE19:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	U		License Exp Dt: 01/01/2017	

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County ANGELINA			Reg Svcs:	REGION 5 ICF/IID		Region 05 - BEAUMONT
Facility Information:	Facility ID:	007606	Ü		Owner Information	C
DIBOLL HOUSE					THE BURKE CENTER	
200 STUBBLEFIELD DIBOLL	TX	75941			1111	
Phone (409) 639-1636		Fax			TX	
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE:	FAX:
Cert Alzh Capacity: 0		TITLE19:		10171101	PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt:	
County ANGELINA			Pag Cyas:	REGION 5 ICF/IID	·	Posion OF DEALIMONT
County ANGELINA Facility Information:	Facility ID:	007534	Reg Svcs:	REGION 5 ICF/IID	Owner Information	Region 05 - BEAUMONT
510 JEFFERSON					ST GILES LIVING CENTERS INC	
510 JEFFERSON					2007 HOWARD STREET	
LUFKIN (036) 630 4645	TX	75901	(036) 630 4633		LUFKIN TX	75901
Phone (936) 639-1615		Fax	(936) 639-1632		PHONE : (936) 639-1610	FAX: (936) 639-1632
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE 19:				
PRIVATE Beds: 0		TITLE 18/19:	U		License Exp Dt: 09/01/2017	
County ANGELINA			Reg Svcs:	REGION 5 ICF/IID		Region 05 - BEAUMONT
Facility Information:	Facility ID:	003860			Owner Information	
COOPER COMMUNITY HOME 105 COOPER ST					EDUCARE COMMUNITY LIVING LIMITED	PARTNERSHIP
LUFKIN	TX	75904			9901 LINN STATION ROAD	40000 2000
Phone (936) 639-1573		Fax	(713) 622-9141		LOUISVILLE KY	40223-3808
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (502) 394-2100	FAX : (502) 394-2285
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2017	
County ANGELINA			Reg Svcs:	REGION 5 ICF/IID		Region 05 - BEAUMONT
County ANGELINA Facility Information:	Facility ID:	007355	Reg Svcs:	REGION 5 ICF/IID	Owner Information	Region 05 - BEAUMONT
Facility Information: CUNNINGHAM HOUSE	Facility ID:	007355	Reg Svcs:	REGION 5 ICF/IID	Owner Information THE BURKE CENTER	Region 05 - BEAUMONT
Facility Information: CUNNINGHAM HOUSE 1010 CUNNINGHAM RD	Facility ID:	007355 75901	Reg Svcs:	REGION 5 ICF/IID	THE BURKE CENTER 1111	Region 05 - BEAUMONT
Facility Information: CUNNINGHAM HOUSE	·		Reg Svcs:	REGION 5 ICF/IID	THE BURKE CENTER	Region 05 - BEAUMONT
Facility Information: CUNNINGHAM HOUSE 1010 CUNNINGHAM RD LUFKIN Phone (409) 634-2257	·	75901	·	REGION 5 ICF/IID	THE BURKE CENTER 1111	Region 05 - BEAUMONT FAX:
Facility Information: CUNNINGHAM HOUSE 1010 CUNNINGHAM RD LUFKIN	·	75901 Fax	0		THE BURKE CENTER 1111 TX	·
Facility Information: CUNNINGHAM HOUSE 1010 CUNNINGHAM RD LUFKIN Phone (409) 634-2257 TOTAL Lic Capacity: 0	·	75901 Fax TITLE 18:	0 0		THE BURKE CENTER 1111 TX PHONE:	FAX:
Facility Information: CUNNINGHAM HOUSE 1010 CUNNINGHAM RD LUFKIN Phone (409) 634-2257 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	75901 Fax TITLE 18: TITLE19:	0 0 0	ICF/IID: 6	THE BURKE CENTER 1111 TX PHONE: PROGRAM TYPE: ICF/ ID	FAX: SERVICE TYPE GOVERNMENT BASED
Facility Information: CUNNINGHAM HOUSE 1010 CUNNINGHAM RD LUFKIN Phone (409) 634-2257 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County ANGELINA	тх	75901 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0		THE BURKE CENTER 1111 TX PHONE: PROGRAM TYPE: CF/ ID License Exp Dt:	FAX:
Facility Information: CUNNINGHAM HOUSE 1010 CUNNINGHAM RD LUFKIN Phone (409) 634-2257 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	75901 Fax TITLE 18: TITLE19:	0 0 0	ICF/IID: 6	THE BURKE CENTER 1111 TX PHONE: PROGRAM TYPE: ICF/ ID	FAX: SERVICE TYPE GOVERNMENT BASED
Facility Information: CUNNINGHAM HOUSE 1010 CUNNINGHAM RD LUFKIN Phone (409) 634-2257 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County ANGELINA Facility Information: HOWARD HOUSE 2007 HOWARD STREET	TX Facility ID:	75901	0 0 0	ICF/IID: 6	THE BURKE CENTER 1111 TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information	FAX: SERVICE TYPE GOVERNMENT BASED
Facility Information: CUNNINGHAM HOUSE 1010 CUNNINGHAM RD LUFKIN Phone (409) 634-2257 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County ANGELINA Facility Information: HOWARD HOUSE 2007 HOWARD STREET LUFKIN	тх	75901	0 0 0 Reg Svcs:	ICF/IID: 6	THE BURKE CENTER 1111 TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information ST GILES LIVING CENTERS INC	FAX: SERVICE TYPE GOVERNMENT BASED
Facility Information: CUNNINGHAM HOUSE 1010 CUNNINGHAM RD LUFKIN Phone (409) 634-2257 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County ANGELINA Facility Information: HOWARD HOUSE 2007 HOWARD STREET LUFKIN Phone (936) 639-1610	TX Facility ID:	75901	0 0 0 Reg Svcs:	ICF/IID: 6 REGION 5 ICF/IID	THE BURKE CENTER 1111 TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information ST GILES LIVING CENTERS INC 2007 HOWARD STREET	FAX: SERVICE TYPE GOVERNMENT BASED Region 05 - BEAUMONT
Facility Information: CUNNINGHAM HOUSE 1010 CUNNINGHAM RD LUFKIN Phone (409) 634-2257 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County ANGELINA Facility Information: HOWARD HOUSE 2007 HOWARD STREET LUFKIN Phone (936) 639-1610 TOTAL Lic Capacity: 0	TX Facility ID:	75901	0 0 0 Reg Svcs: (936) 639-1632	ICF/IID: 6	THE BURKE CENTER 1111 TX PHONE: PROGRAM TYPE: ICF/ IID License Exp Dt: Owner Information ST GILES LIVING CENTERS INC 2007 HOWARD STREET LUFKIN TX	FAX: SERVICE TYPE GOVERNMENT BASED Region 05 - BEAUMONT 75901 FAX: (936) 639-1632
Facility Information: CUNNINGHAM HOUSE 1010 CUNNINGHAM RD LUFKIN Phone (409) 634-2257 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County ANGELINA Facility Information: HOWARD HOUSE 2007 HOWARD STREET LUFKIN Phone (936) 639-1610 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	75901	0 0 0 Reg Svcs: (936) 639-1632 0	ICF/IID: 6 REGION 5 ICF/IID	THE BURKE CENTER 1111 TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information ST GILES LIVING CENTERS INC 2007 HOWARD STREET LUFKIN TX PHONE: (936) 639-1610 PROGRAM TYPE: ICF/IID	FAX: SERVICE TYPE GOVERNMENT BASED Region 05 - BEAUMONT
Facility Information: CUNNINGHAM HOUSE 1010 CUNNINGHAM RD LUFKIN Phone (409) 634-2257 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County ANGELINA Facility Information: HOWARD HOUSE 2007 HOWARD STREET LUFKIN Phone (936) 639-1610 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	75901	0 0 0 Reg Svcs: (936) 639-1632 0 0	ICF/IID: 6 REGION 5 ICF/IID ICF/IID: 6	THE BURKE CENTER 1111 TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information ST GILES LIVING CENTERS INC 2007 HOWARD STREET LUFKIN TX PHONE: (936) 639-1610	FAX: SERVICE TYPE GOVERNMENT BASED Region 05 - BEAUMONT 75901 FAX: (936) 639-1632 SERVICE TYPE PRIVATELY OWNED
Facility Information: CUNNINGHAM HOUSE 1010 CUNNINGHAM RD LUFKIN Phone (409) 634-2257 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County ANGELINA Facility Information: HOWARD HOUSE 2007 HOWARD STREET LUFKIN Phone (936) 639-1610 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County ANGELINA	TX Facility ID:	75901	0 0 0 Reg Svcs: (936) 639-1632 0	ICF/IID: 6 REGION 5 ICF/IID	THE BURKE CENTER 1111 TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information ST GILES LIVING CENTERS INC 2007 HOWARD STREET LUFKIN TX PHONE: (936) 639-1610 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017	FAX: SERVICE TYPE GOVERNMENT BASED Region 05 - BEAUMONT 75901 FAX: (936) 639-1632
Facility Information: CUNNINGHAM HOUSE 1010 CUNNINGHAM RD LUFKIN Phone (409) 634-2257 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County ANGELINA Facility Information: HOWARD HOUSE 2007 HOWARD STREET LUFKIN Phone (936) 639-1610 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County ANGELINA Facility Information:	TX Facility ID: TX Facility ID:	75901	0 0 0 Reg Svcs: (936) 639-1632 0 0	ICF/IID: 6 REGION 5 ICF/IID ICF/IID: 6	THE BURKE CENTER 1111 TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information ST GILES LIVING CENTERS INC 2007 HOWARD STREET LUFKIN TX PHONE: (936) 639-1610 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017	FAX: SERVICE TYPE GOVERNMENT BASED Region 05 - BEAUMONT 75901 FAX: (936) 639-1632 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT
Facility Information: CUNNINGHAM HOUSE 1010 CUNNINGHAM RD LUFKIN Phone (409) 634-2257 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County ANGELINA Facility Information: HOWARD HOUSE 2007 HOWARD STREET LUFKIN Phone (936) 639-1610 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County ANGELINA	TX Facility ID: TX Facility ID:	75901	0 0 0 Reg Svcs: (936) 639-1632 0 0	ICF/IID: 6 REGION 5 ICF/IID ICF/IID: 6	THE BURKE CENTER 1111 TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information ST GILES LIVING CENTERS INC 2007 HOWARD STREET LUFKIN TX PHONE: (936) 639-1610 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED	FAX: SERVICE TYPE GOVERNMENT BASED Region 05 - BEAUMONT 75901 FAX: (936) 639-1632 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT
Facility Information: CUNNINGHAM HOUSE 1010 CUNNINGHAM RD LUFKIN Phone (409) 634-2257 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County ANGELINA Facility Information: HOWARD HOUSE 2007 HOWARD STREET LUFKIN Phone (936) 639-1610 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County ANGELINA Facility Information: HUDSON COMMUNITY HOME	TX Facility ID: TX Facility ID:	75901	0 0 0 Reg Svcs: (936) 639-1632 0 0	ICF/IID: 6 REGION 5 ICF/IID ICF/IID: 6	THE BURKE CENTER 1111 TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information ST GILES LIVING CENTERS INC 2007 HOWARD STREET LUFKIN TX PHONE: (936) 639-1610 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD	FAX: SERVICE TYPE GOVERNMENT BASED Region 05 - BEAUMONT 75901 FAX: (936) 639-1632 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT PARTNERSHIP
Facility Information: CUNNINGHAM HOUSE 1010 CUNNINGHAM RD LUFKIN Phone (409) 634-2257 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County ANGELINA Facility Information: HOWARD HOUSE 2007 HOWARD STREET LUFKIN Phone (936) 639-1610 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County ANGELINA Facility Information: HUDSON COMMUNITY HOME 164 FREEMAN CEMETERY RI	TX Facility ID: TX Facility ID:	75901	0 0 0 Reg Svcs: (936) 639-1632 0 0	ICF/IID: 6 REGION 5 ICF/IID ICF/IID: 6	THE BURKE CENTER 11111 TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information ST GILES LIVING CENTERS INC 2007 HOWARD STREET LUFKIN TX PHONE: (936) 639-1610 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY	FAX: SERVICE TYPE GOVERNMENT BASED Region 05 - BEAUMONT 75901 FAX: (936) 639-1632 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT D PARTNERSHIP 40223-3808
Facility Information: CUNNINGHAM HOUSE 1010 CUNNINGHAM RD LUFKIN Phone (409) 634-2257 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County ANGELINA Facility Information: HOWARD HOUSE 2007 HOWARD STREET LUFKIN Phone (936) 639-1610 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County ANGELINA Facility Information: HUDSON COMMUNITY HOME 164 FREEMAN CEMETERY RI	TX Facility ID: TX Facility ID:	75901	0 0 0 Reg Svcs: (936) 639-1632 0 0 Reg Svcs:	ICF/IID: 6 REGION 5 ICF/IID ICF/IID: 6	THE BURKE CENTER 11111 TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information ST GILES LIVING CENTERS INC 2007 HOWARD STREET LUFKIN TX PHONE: (936) 639-1610 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100	FAX: SERVICE TYPE GOVERNMENT BASED Region 05 - BEAUMONT 75901 FAX: (936) 639-1632 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT PARTNERSHIP 40223-3808 FAX: (502) 394-2285
Facility Information: CUNNINGHAM HOUSE 1010 CUNNINGHAM RD LUFKIN Phone (409) 634-2257 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County ANGELINA Facility Information: HOWARD HOUSE 2007 HOWARD STREET LUFKIN Phone (936) 639-1610 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County ANGELINA Facility Information: HUDSON COMMUNITY HOME 164 FREEMAN CEMETERY RI LUFKIN Phone (936) 875-3078	TX Facility ID: TX Facility ID:	75901	0 0 0 Reg Svcs: (936) 639-1632 0 0 0 Reg Svcs:	ICF/IID: 6 REGION 5 ICF/IID ICF/IID: 6 REGION 5 ICF/IID	THE BURKE CENTER 11111 TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information ST GILES LIVING CENTERS INC 2007 HOWARD STREET LUFKIN TX PHONE: (936) 639-1610 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY	FAX: SERVICE TYPE GOVERNMENT BASED Region 05 - BEAUMONT 75901 FAX: (936) 639-1632 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT D PARTNERSHIP 40223-3808

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County ANGELINA			Reg Svcs:	REGION 5 ICF/IID		Region 05 - BEAUMONT
Facility Information:	Facility ID:	007439	-		Owner Information	
KARLA HOUSE					ST GILES - BAYTOWN INC	
107 KARLA DR LUFKIN	TX	75901			2203 KILGORE ROAD	
Phone (936) 275-3466	17	Fax	(936) 275-9732		BAYTOWN TX	77520
TOTAL Lic Capacity: 0		TITLE 18:	` '	ICF/IID: 6	PHONE : (281) 837-1942	FAX: (281) 427-0586
Cert Alzh Capacity: 0		TITLE 10.		ICI/IID. 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 09/01/2017	
Occurring ANOFI INA				DECION 5 105/IID		Desire OF DEALMONT
County ANGELINA Facility Information:	Facility ID:	007103	Reg Svcs:	REGION 5 ICF/IID	Owner Information	Region 05 - BEAUMONT
LUFKIN STATE SUPPORTED	•				DADS	
HWY 69 N	2.70 02.7.7.				PO BOX 12668	
LUFKIN	TX	75901			AUSTIN TX	78711
Phone (936) 853-8350		Fax	(956) 853-8521		PHONE : (512) 454-3761	FAX:
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 486	PROGRAM TYPE: ICF/IID	SERVICE TYPE STATE SCHOOL/STATE
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAMITIPE. ICE/IID	CENTER
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt:	
County ANGELINA			Reg Svcs:	REGION 5 ICF/IID		Region 05 - BEAUMONT
Facility Information:	Facility ID:	007406	. tog 0 100.	1120.011 0 101 /112	Owner Information	. togion of Dentement
MARKUS HOUSE	, .				ST GILES LIVING CENTERS INC	
912 MARKUS					2007 HOWARD STREET	
LUFKIN (000) 000 4045	TX	75901	(000) 000 4000		LUFKIN TX	75901
Phone (936) 639-1615		Fax	(936) 639-1632		PHONE : (936) 639-1610	FAX: (936) 639-1632
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0 PRIVATE Beds: 0		TITLE19:				
		TITLE 18/19:			License Exp Dt: 09/01/2017	
County ANGELINA	F:!!4ID.	000000	Reg Svcs:	REGION 5 ICF/IID	O	Region 05 - BEAUMONT
Facility Information: SOUTHWOOD COMMUNITY I	Facility ID:	003869			Owner Information EDUCARE COMMUNITY LIVING LIMITE	D DADTNEDSHID
1500 SOUTHWOOD	TOWL				9901 LINN STATION ROAD	DIAKINEKOHII
LUFKIN	TX	75904			LOUISVILLE KY	40223-3808
Phone (409) 639-6906		Fax	(936) 639-5063		PHONE: (502) 394-2100	FAX : (502) 394-2285
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	(11)	(/
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2017	
County ANGELINA			Reg Svcs:	REGION 5 ICF/IID		Region 05 - BEAUMONT
Facility Information:	Facility ID:	003898			Owner Information	
STECHER COMMUNITY HOM	1E				EDUCARE COMMUNITY LIVING LIMITE	D PARTNERSHIP
702 MARION ST LUFKIN	TX	75904			9901 LINN STATION ROAD	
Phone (936) 639-6998		Fax			LOUISVILLE KY	40223-3808
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (502) 394-2100	FAX : (502) 394-2285
Cert Alzh Capacity: 0		TITLE 19:		· · · · · · · · · · · · · · · · · · ·	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 01/01/2017	
County ANGELINA			Reg Svcs:	REGION 5 ICF/IID		Region 05 - BEAUMONT
Facility Information:	Facility ID:	003862			Owner Information	
WESTSIDE COMMUNITY HO	ME				EDUCARE COMMUNITY LIVING LIMITE	D PARTNERSHIP
6895 FM 3150 LUFKIN	TX	75904			9901 LINN STATION ROAD	
Phone (936) 639-1575	14	75904 Fax	(936) 639-5063		LOUISVILLE KY	40223-3808
, ,		TITLE 18:	` '	ICE/IID. 6	PHONE : (502) 394-2100	FAX : (502) 394-2285
TOTAL Lie Composition C		1111 F 1X'	U	ICF/IID: 6		
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0					PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0		TITLE 18/19:	0		PROGRAM TYPE: ICF/IID License Exp Dt: 09/23/2018	SERVICE TYPE PRIVATELY OWNED

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County ANGELINA Facility Information:	Facility ID:	003899	Reg Svcs:	REGION 5 ICF/IID	Owner Information	Region 05 - BEAUMONT
WHITE DOVE COMMUNITY H	-	000033			EDUCARE COMMUNITY LIVING LIMITE	D PARTNERSHIP
462 WHITE DOVE DRIVE	· · · · ·				9901 LINN STATION ROAD	_ · · · · · · · _ · · · · · · · · · · ·
LUFKIN	TX	75904-9798			LOUISVILLE KY	40223-3808
Phone (936) 824-4422		Fax			PHONE: (502) 394-2100	FAX : (502) 394-2285
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	()	(/
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2017	
County ARANSAS			Reg Svcs:	CORPUS CHRISTI 61		Region 11 - CORPUS CHRISTI
Facility Information:	Facility ID:	007816			Owner Information	
ABILITY HOUSE ROCKPORT					ABILITY HOUSE LTD	
843 PINE AVE ROCKPORT	TX	78382			711 SENTRY HILL	
Phone (361) 729-7393	17	Fax			SAN ANTONIO TX	78260
, ,			٥	IOF/IID. C	PHONE : (210) 255-1718	FAX: (210) 255-1035
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0 PRIVATE Beds: 0		TITLE19:				-
FRIVALE DECS: U		TITLE 18/19:	<u> </u>		License Exp Dt: 01/06/2018	
County ARCHER			Reg Svcs:	ICF/IID		Region 02 - ABILENE
Facility Information:	Facility ID:	003797			Owner Information	
OUACHITA ACRES 7752 STATE HWY 79 SOUTH					D & S RESIDENTIAL SERVICES LP	
WICHITA FALLS	TX	76310			8911 N CAPITAL OF TX HWY	,BLDG 1 STE 1300
Phone (940) 692-6282		Fax	(512) 327-5355		AUSTIN TX	78759
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 13	PHONE: (512) 327-2325	FAX: (512) 327-5355
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 12/01/2017	
County ALICTIN			Des Cuesi	LINIT 24 (ICE/MD)		Design Of HOUSTON
County AUSTIN Facility Information:	Facility ID:	007270	Reg Svcs:	UNIT 21 (ICF/MR)	Owner Information	Region 06 - HOUSTON
BELLVILLE COMMUNITY RES	-	001210			RESCARE SERVICES INC	
305 S THOMAS ST	ADEITOE				3711 SAN ANTONIO ST	
BELLVILLE	TX	77418			AUSTIN TX	78734-2126
Phone (979) 865-8112		Fax	(979) 865-8112		PHONE : (512) 328-1832	FAX : (512) 328-1833
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	(312) 320-1032	(312) 320-1033
Cert Alzh Capacity: 0		TITLE19:	0			0=D//0= T/D=
PRIVATE Beds: 0			U		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
	-	TITLE 18/19:			PROGRAM TYPE: ICF/IID License Exp Dt: 04/30/2018	SERVICE TYPE PRIVATELY OWNED
County BASTROP		TITLE 18/19:		IID (AUSTIN REGION)	License Exp Dt: 04/30/2018	SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
County BASTROP Facility Information:	Facility ID:	TITLE 18/19: 003762	0	IID (AUSTIN REGION)	License Exp Dt: 04/30/2018	
•	•		0	IID (AUSTIN REGION)	License Exp Dt: 04/30/2018	
Facility Information: BASTROP COMMUNITY RESI 133 PLUM ST	IDENCE	003762	0	IID (AUSTIN REGION)	License Exp Dt: 04/30/2018 Owner Information	
Facility Information: BASTROP COMMUNITY RESI 133 PLUM ST BASTROP	•	003762 78602	0 Reg Svcs:	IID (AUSTIN REGION)	License Exp Dt: 04/30/2018 Owner Information RESCARE SERVICES INC	
Facility Information: BASTROP COMMUNITY RESI 133 PLUM ST BASTROP Phone (512) 321-3316	IDENCE	003762 78602 Fax	0 Reg Svcs: (512) 321-3316		Owner Information RESCARE SERVICES INC 3711 SAN ANTONIO ST	Region 07 - AUSTIN
Facility Information: BASTROP COMMUNITY RESI 133 PLUM ST BASTROP Phone (512) 321-3316 TOTAL Lic Capacity: 0	IDENCE	003762 78602 Fax TITLE 18:	0 Reg Svcs: (512) 321-3316	IID (AUSTIN REGION) ICF/IID: 8	Owner Information RESCARE SERVICES INC 3711 SAN ANTONIO ST AUSTIN TX	Region 07 - AUSTIN 78734-2126
Facility Information: BASTROP COMMUNITY RESI 133 PLUM ST BASTROP Phone (512) 321-3316 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	IDENCE	003762 78602 Fax TITLE 18: TITLE19:	0 Reg Svcs: (512) 321-3316 0 0		Owner Information RESCARE SERVICES INC 3711 SAN ANTONIO ST AUSTIN TX PHONE: (512) 328-1832 PROGRAM TYPE: ICF/IID	Region 07 - AUSTIN 78734-2126 FAX: (512) 328-1833
Facility Information: BASTROP COMMUNITY RESI 133 PLUM ST BASTROP Phone (512) 321-3316 TOTAL Lic Capacity: 0	IDENCE	003762 78602 Fax TITLE 18:	0 Reg Svcs: (512) 321-3316 0 0		Owner Information RESCARE SERVICES INC 3711 SAN ANTONIO ST AUSTIN TX PHONE: (512) 328-1832	Region 07 - AUSTIN 78734-2126 FAX: (512) 328-1833
Facility Information: BASTROP COMMUNITY RESI 133 PLUM ST BASTROP Phone (512) 321-3316 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	IDENCE	003762 78602 Fax TITLE 18: TITLE19:	0 Reg Svcs: (512) 321-3316 0 0		Owner Information RESCARE SERVICES INC 3711 SAN ANTONIO ST AUSTIN TX PHONE: (512) 328-1832 PROGRAM TYPE: ICF/IID License Exp Dt: 02/02/2018	Region 07 - AUSTIN 78734-2126 FAX: (512) 328-1833
Facility Information: BASTROP COMMUNITY RESI 133 PLUM ST BASTROP Phone (512) 321-3316 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BASTROP Facility Information:	TX Facility ID:	003762 78602 Fax TITLE 18: TITLE19:	0 Reg Svcs: (512) 321-3316 0 0	ICF/IID: 8	Owner Information	Region 07 - AUSTIN 78734-2126 FAX: (512) 328-1833 SERVICE TYPE PRIVATELY OWNED
Facility Information: BASTROP COMMUNITY RESI 133 PLUM ST BASTROP Phone (512) 321-3316 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BASTROP Facility Information: JEFFERSON COMMUNITY RE	TX Facility ID:	003762 78602 Fax TITLE 18: TITLE19: TITLE 18/19:	0 Reg Svcs: (512) 321-3316 0 0	ICF/IID: 8	Owner Information	Region 07 - AUSTIN 78734-2126 FAX: (512) 328-1833 SERVICE TYPE PRIVATELY OWNED
Facility Information: BASTROP COMMUNITY RESI 133 PLUM ST BASTROP Phone (512) 321-3316 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BASTROP Facility Information:	TX Facility ID:	003762 78602 Fax TITLE 18: TITLE19: TITLE 18/19:	0 Reg Svcs: (512) 321-3316 0 0	ICF/IID: 8	Commer Information RESCARE SERVICES INC 3711 SAN ANTONIO ST AUSTIN TX PHONE: (512) 328-1832 PROGRAM TYPE: ICF/IID License Exp Dt: 02/02/2018 Owner Information RESCARE SERVICES INC 3711 SAN ANTONIO ST	Region 07 - AUSTIN 78734-2126 FAX: (512) 328-1833 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: BASTROP COMMUNITY RESI 133 PLUM ST BASTROP Phone (512) 321-3316 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BASTROP Facility Information: JEFFERSON COMMUNITY RE 1405 JEFFERSON ST	TX Facility ID: ESIDENCE	003762 78602 Fax TITLE 18: TITLE 19: TITLE 18/19:	0 Reg Svcs: (512) 321-3316 0 0	ICF/IID: 8	Owner Information	Region 07 - AUSTIN 78734-2126 FAX: (512) 328-1833 SERVICE TYPE PRIVATELY OWNED
Facility Information: BASTROP COMMUNITY RESI 133 PLUM ST BASTROP Phone (512) 321-3316 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BASTROP Facility Information: JEFFERSON COMMUNITY RE 1405 JEFFERSON ST BASTROP Phone (512) 303-7638	TX Facility ID: ESIDENCE	003762 78602 Fax TITLE 18: TITLE 18/19: 007634 78602 Fax	0 Reg Svcs: (512) 321-3316 0 0 Reg Svcs:	ICF/IID: 8 IID (AUSTIN REGION)	Commer Information RESCARE SERVICES INC 3711 SAN ANTONIO ST AUSTIN TX PHONE: (512) 328-1832 PROGRAM TYPE: ICF/IID License Exp Dt: 02/02/2018 Owner Information RESCARE SERVICES INC 3711 SAN ANTONIO ST	Region 07 - AUSTIN 78734-2126 FAX: (512) 328-1833 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: BASTROP COMMUNITY RESI 133 PLUM ST BASTROP Phone (512) 321-3316 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BASTROP Facility Information: JEFFERSON COMMUNITY RE 1405 JEFFERSON ST BASTROP Phone (512) 303-7638 TOTAL Lic Capacity: 0	TX Facility ID: ESIDENCE	003762 78602 Fax TITLE 18: TITLE 18/19: 007634 78602 Fax TITLE 18:	0 Reg Svcs: (512) 321-3316 0 0 Reg Svcs:	ICF/IID: 8	Owner Information	Region 07 - AUSTIN 78734-2126 FAX: (512) 328-1833 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN 78734-2126
Facility Information: BASTROP COMMUNITY RESI 133 PLUM ST BASTROP Phone (512) 321-3316 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BASTROP Facility Information: JEFFERSON COMMUNITY RE 1405 JEFFERSON ST BASTROP Phone (512) 303-7638	TX Facility ID: ESIDENCE	003762 78602 Fax TITLE 18: TITLE 18/19: 007634 78602 Fax	0 Reg Svcs: (512) 321-3316 0 0 Reg Svcs:	ICF/IID: 8 IID (AUSTIN REGION)	Owner Information	Region 07 - AUSTIN 78734-2126 FAX: (512) 328-1833 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN 78734-2126 FAX: (512) 328-1833

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County BASTROP			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	007635	-		Owner Information	•
LAKEVIEW COMMUNITY RES	IDENCE				RESCARE SERVICES INC	
223 MATTHEW COVE BASTROP	TX	78602			3711 SAN ANTONIO ST	
Phone (512) 303-6758		Fax			AUSTIN TX	78734-2126
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (512) 328-1832	FAX: (512) 328-1833
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 11/21/2018	
County BASTROP			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	003991	· J · · ·	(Owner Information	3
SMITHVILLE COMMUNITY RE	SIDENCE				KENMAR RESIDENTIAL SERVICES INCO	ORPORATED
602 HICKORY SMITHVILLE	TX	78957			33 CYPRESS BLVD	,SUITE 100
Phone (512) 237-3715	17	Fax	(979) 968-6598		ROUND ROCK TX	78665
` '			` '	ICF/IID: 6	PHONE : (512) 336-0800	FAX : (512) 336-0812
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0		TITLE 18: TITLE19:		ютню. О	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 03/15/2018	
		10/10/			· · · · · · · · · · · · · · · · · · ·	
County BELL	Engility ID:	007650	Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information: LITTLE FLOCK ROAD I COMM	Facility ID:	007659			Owner Information EDUCARE COMMUNITY LIVING LIMITED) PARTNERSHIP
5704 LITTLE FLOCK RD	ONTE HOWE				9901 LINN STATION ROAD	21 MATALIA OTIII
TEMPLE	TX	76501-7120			LOUISVILLE KY	40223-3808
Phone (254) 773-4553		Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 13	,	,
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2017	
County BELL			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	003842	Reg Svcs:	IID (AUSTIN REGION)	Owner Information	·
Facility Information: LITTLE FLOCK ROAD II COMM	•		Reg Svcs:	IID (AUSTIN REGION)	Owner Information EDUCARE COMMUNITY LIVING LIMITED	·
Facility Information:	•		Reg Svcs:	IID (AUSTIN REGION)	Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD	D PARTNERSHIP
Facility Information: LITTLE FLOCK ROAD I I COMM 5704 LITTLE FLOCK RD	MUNITY HOME	į	Reg Svcs:	IID (AUSTIN REGION)	Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY	D PARTNERSHIP 40223-3808
Facility Information: LITTLE FLOCK ROAD I I COMM 5704 LITTLE FLOCK RD TEMPLE	MUNITY HOME	76501-7120	·	IID (AUSTIN REGION) ICF/IID: 13	Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285
Facility Information: LITTLE FLOCK ROAD II COMM 5704 LITTLE FLOCK RD TEMPLE Phone (254) 773-2899	MUNITY HOME	76501-7120 Fax	0		Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY	D PARTNERSHIP 40223-3808
Facility Information: LITTLE FLOCK ROAD II COMM 5704 LITTLE FLOCK RD TEMPLE Phone (254) 773-2899 TOTAL Lic Capacity: 0	MUNITY HOME	76501-7120 Fax TITLE 18:	0 0		Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285
Facility Information: LITTLE FLOCK ROAD I I COMM 5704 LITTLE FLOCK RD TEMPLE Phone (254) 773-2899 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	MUNITY HOME	76501-7120 Fax TITLE 18: TITLE19:	0 0		Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285
Facility Information: LITTLE FLOCK ROAD I I COMM 5704 LITTLE FLOCK RD TEMPLE Phone (254) 773-2899 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	MUNITY HOME	76501-7120 Fax TITLE 18: TITLE19:	0 0 0	ICF/IID: 13	Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
Facility Information: LITTLE FLOCK ROAD II COMM 5704 LITTLE FLOCK RD TEMPLE Phone (254) 773-2899 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BELL Facility Information: PROSPECT COMMUNITY HOM	TX Facility ID:	76501-7120 Fax TITLE 18: TITLE 18:19:	0 0 0	ICF/IID: 13	Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: LITTLE FLOCK ROAD I I COMM 5704 LITTLE FLOCK RD TEMPLE Phone (254) 773-2899 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BELL Facility Information: PROSPECT COMMUNITY HON 1805 CANYON CREEK DRIVE	TX Facility ID:	76501-7120 Fax TITLE 18: TITLE 19: TITLE 18/19:	0 0 0	ICF/IID: 13	Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: LITTLE FLOCK ROAD II COMM 5704 LITTLE FLOCK RD TEMPLE Phone (254) 773-2899 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BELL Facility Information: PROSPECT COMMUNITY HOM	TX Facility ID:	76501-7120 Fax TITLE 18: TITLE 18:19:	0 0 0	ICF/IID: 13	Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: LITTLE FLOCK ROAD I I COMM 5704 LITTLE FLOCK RD TEMPLE Phone (254) 773-2899 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BELL Facility Information: PROSPECT COMMUNITY HON 1805 CANYON CREEK DRIVE TEMPLE Phone (254) 773-4173	TX Facility ID:	76501-7120 Fax TITLE 18: TITLE 19: TITLE 18/19: 007459 76502-3210 Fax	0 0 0 Reg Svcs:	ICF/IID: 13 IID (AUSTIN REGION)	Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN D PARTNERSHIP
Facility Information: LITTLE FLOCK ROAD I I COMM 5704 LITTLE FLOCK RD TEMPLE Phone (254) 773-2899 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BELL Facility Information: PROSPECT COMMUNITY HOM 1805 CANYON CREEK DRIVE TEMPLE Phone (254) 773-4173 TOTAL Lic Capacity: 0	TX Facility ID:	76501-7120	0 0 0 Reg Svcs:	ICF/IID: 13	Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN D PARTNERSHIP 40223-3808
Facility Information: LITTLE FLOCK ROAD I I COMM 5704 LITTLE FLOCK RD TEMPLE Phone (254) 773-2899 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BELL Facility Information: PROSPECT COMMUNITY HON 1805 CANYON CREEK DRIVE TEMPLE Phone (254) 773-4173	TX Facility ID:	76501-7120 Fax TITLE 18: TITLE 18/19: 007459 76502-3210 Fax TITLE 18:	0 0 0 Reg Svcs:	ICF/IID: 13 IID (AUSTIN REGION)	Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN D PARTNERSHIP 40223-3808 FAX: (502) 394-2285
Facility Information: LITTLE FLOCK ROAD I I COMM 5704 LITTLE FLOCK RD TEMPLE Phone (254) 773-2899 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County BELL Facility Information: PROSPECT COMMUNITY HON 1805 CANYON CREEK DRIVE TEMPLE Phone (254) 773-4173 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	76501-7120	0 0 0 Reg Svcs:	ICF/IID: 13 IID (AUSTIN REGION) ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019	A0223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
Facility Information: LITTLE FLOCK ROAD I COMM 5704 LITTLE FLOCK RD TEMPLE Phone (254) 773-2899 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BELL Facility Information: PROSPECT COMMUNITY HON 1805 CANYON CREEK DRIVE TEMPLE Phone (254) 773-4173 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BELL	TX Facility ID: ME TX	76501-7120 Fax TITLE 18: TITLE19: TITLE 18/19: 007459 76502-3210 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	0 0 0 Reg Svcs:	ICF/IID: 13 IID (AUSTIN REGION)	Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN D PARTNERSHIP 40223-3808 FAX: (502) 394-2285
Facility Information: LITTLE FLOCK ROAD I I COMM 5704 LITTLE FLOCK RD TEMPLE Phone (254) 773-2899 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BELL Facility Information: PROSPECT COMMUNITY HON 1805 CANYON CREEK DRIVE TEMPLE Phone (254) 773-4173 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BELL Facility Information:	Facility ID: TX Facility ID:	76501-7120	0 0 0 Reg Svcs:	ICF/IID: 13 IID (AUSTIN REGION) ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information	A0223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: LITTLE FLOCK ROAD I I COMM 5704 LITTLE FLOCK RD TEMPLE Phone (254) 773-2899 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BELL Facility Information: PROSPECT COMMUNITY HOM 1805 CANYON CREEK DRIVE TEMPLE Phone (254) 773-4173 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BELL Facility Information: TAYLORS COMMUNITY HOME 221 TAYLORS DR	Facility ID: TX Facility ID: TX	76501-7120 Fax TITLE 18: TITLE 19: TITLE 18/19: 007459 76502-3210 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	0 0 0 Reg Svcs:	ICF/IID: 13 IID (AUSTIN REGION) ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019	A0223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: LITTLE FLOCK ROAD I I COMM 5704 LITTLE FLOCK RD TEMPLE Phone (254) 773-2899 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BELL Facility Information: PROSPECT COMMUNITY HON 1805 CANYON CREEK DRIVE TEMPLE Phone (254) 773-4173 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BELL Facility Information: TAYLORS COMMUNITY HOME 221 TAYLORS DR TEMPLE	Facility ID: TX Facility ID:	76501-7120	0 0 0 Reg Svcs:	ICF/IID: 13 IID (AUSTIN REGION) ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information EDUCARE COMMUNITY LIVING LIMITED	A0223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: LITTLE FLOCK ROAD I I COMM 5704 LITTLE FLOCK RD TEMPLE Phone (254) 773-2899 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BELL Facility Information: PROSPECT COMMUNITY HON 1805 CANYON CREEK DRIVE TEMPLE Phone (254) 773-4173 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BELL Facility Information: TAYLORS COMMUNITY HOME 221 TAYLORS DR TEMPLE Phone (254) 773-6700	Facility ID: TX Facility ID: TX	76501-7120 Fax TITLE 18: TITLE 19: TITLE 18/19: 007459 76502-3210 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19: 007219 76502 Fax	0 0 0 Reg Svcs:	ICF/IID: 13 IID (AUSTIN REGION) ICF/IID: 6 IID (AUSTIN REGION)	Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9001 LINN STATION ROAD	A0223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN D PARTNERSHIP
Facility Information: LITTLE FLOCK ROAD I I COMM 5704 LITTLE FLOCK RD TEMPLE Phone (254) 773-2899 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BELL Facility Information: PROSPECT COMMUNITY HON 1805 CANYON CREEK DRIVE TEMPLE Phone (254) 773-4173 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BELL Facility Information: TAYLORS COMMUNITY HOME 221 TAYLORS DR TEMPLE Phone (254) 773-6700 TOTAL Lic Capacity: 0	Facility ID: TX Facility ID: TX	76501-7120 Fax TITLE 18: TITLE 19: TITLE 18/19: 007459 76502-3210 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19: 007219 76502 Fax TITLE 18:	0 0 0 Reg Svcs: 0 0 0 0 Reg Svcs:	ICF/IID: 13 IID (AUSTIN REGION) ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9001 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100	40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN D PARTNERSHIP 40223-3808 FAX: (502) 394-2285
Facility Information: LITTLE FLOCK ROAD I I COMM 5704 LITTLE FLOCK RD TEMPLE Phone (254) 773-2899 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BELL Facility Information: PROSPECT COMMUNITY HON 1805 CANYON CREEK DRIVE TEMPLE Phone (254) 773-4173 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BELL Facility Information: TAYLORS COMMUNITY HOME 221 TAYLORS DR TEMPLE Phone (254) 773-6700	Facility ID: TX Facility ID: TX	76501-7120 Fax TITLE 18: TITLE 19: TITLE 18/19: 007459 76502-3210 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19: 007219 76502 Fax	0 0 0 Reg Svcs: 0 0 0 0 Reg Svcs:	ICF/IID: 13 IID (AUSTIN REGION) ICF/IID: 6 IID (AUSTIN REGION)	Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9001 LINN STATION ROAD LOUISVILLE KY PHONE: KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019	A0223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN D PARTNERSHIP 40223-3808

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County BELL			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	007220		,	Owner Information	
TRENTON HOUSE	•	-			EDUCARE COMMUNITY LIVING LIMITE	D PARTNERSHIP
3220 TRENTON DRIVE					9901 LINN STATION ROAD	
TEMPLE (254) 773 2242	TX	76504			LOUISVILLE KY	40223-3808
Phone (254) 773-2212		Fax			PHONE : (502) 394-2100	FAX : (502) 394-2285
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0 PRIVATE Beds: 0		TITLE19:				on the state of th
		TITLE 18/19:	-		License Exp Dt: 01/01/2019	
County BEXAR Facility Information:	Facility ID:	007376	Reg Svcs:	TEAM ICF-IID	Owner Information	Region 08 - SAN ANTONIO
COUNCIL OAKS @ MISTY RIE		007070			COUNCIL OAKS COMMUNITY OPTION:	SITD
7005 MISTY RIDGE CONVERSE	TX	78109			11901 TOEPPERWEIN	,STE 1001
Phone (210) 564-0317	1.0	Fax	(210) 590-9503		SAN ANTONIO TX	78233
,		TITLE 18:	, ,	ICF/IID: 6	PHONE: (210) 646-0717	FAX: (210) 599-9789
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0		TITLE 10.		ICF/IID. 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 05/01/2018	
				TEAN 105 "D		Davis 00 OAN ANTONIO
County BEXAR	Eacility ID:	007240	Reg Svcs:	TEAM ICF-IID	Owner Information	Region 08 - SAN ANTONIO
Facility Information: COUNCIL OAKS AT NUGGET	Facility ID: CREEK	007318			Owner Information COUNCIL OAKS COMMUNITY OPTION	SITD
10022 NUGGET CREEK	ORLLIN				11901 TOEPPERWEIN	.STE 1001
CONVERSE	TX	78109			SAN ANTONIO TX	78233
Phone (210) 945-9124		Fax			PHONE : (210) 646-0717	FAX : (210) 599-9789
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	, ,	,
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 11/01/2017	
County BEXAR			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Casilia, ID.	003653			Owner Information	
	Facility ID:	003652				
COUNCIL OAKS AT TROUT R	-	003032			COUNCIL OAKS COMMUNITY OPTION	
	-	78109			COUNCIL OAKS COMMUNITY OPTION: 11901 TOEPPERWEIN	,STE 1001
COUNCIL OAKS AT TROUT R 10026 TROUT RIDGE	IDGE				COUNCIL OAKS COMMUNITY OPTION	
COUNCIL OAKS AT TROUT R 10026 TROUT RIDGE CONVERSE	IDGE	78109	0	ICF/IID: 6	COUNCIL OAKS COMMUNITY OPTION: 11901 TOEPPERWEIN	,STE 1001
COUNCIL OAKS AT TROUT R 10026 TROUT RIDGE CONVERSE Phone (210) 590-3909	IDGE	78109 Fax		ICF/IID: 6	COUNCIL OAKS COMMUNITY OPTION: 11901 TOEPPERWEIN SAN ANTONIO TX	,STE 1001 78233
COUNCIL OAKS AT TROUT R 10026 TROUT RIDGE CONVERSE Phone (210) 590-3909 TOTAL Lic Capacity: 0	IDGE	78109 Fax TITLE 18:	0	ICF/IID: 6	COUNCIL OAKS COMMUNITY OPTION: 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717	,STE 1001 78233 FAX: (210) 599-9789
COUNCIL OAKS AT TROUT R 10026 TROUT RIDGE CONVERSE Phone (210) 590-3909 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	IDGE	78109 Fax TITLE 18: TITLE19:	0	ICF/IID: 6 TEAM ICF-IID	COUNCIL OAKS COMMUNITY OPTION: 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID	,STE 1001 78233 FAX: (210) 599-9789
COUNCIL OAKS AT TROUT R 10026 TROUT RIDGE CONVERSE Phone (210) 590-3909 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	IDGE	78109 Fax TITLE 18: TITLE19:	0		COUNCIL OAKS COMMUNITY OPTION: 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID	,STE 1001 78233 FAX: (210) 599-9789 SERVICE TYPE PRIVATELY OWNED
COUNCIL OAKS AT TROUT R 10026 TROUT RIDGE CONVERSE Phone (210) 590-3909 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR	TX Facility ID:	78109 Fax TITLE 18: TITLE19: TITLE 18/19:	0		COUNCIL OAKS COMMUNITY OPTION: 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017	,STE 1001
COUNCIL OAKS AT TROUT R 10026 TROUT RIDGE CONVERSE Phone (210) 590-3909 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: COUNCIL OAKS FLATLAND T 10304 FLATLAND TRAIL	TX Facility ID: RAIL	78109 Fax TITLE 18: TITLE19: TITLE 18/19:	0		COUNCIL OAKS COMMUNITY OPTION: 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information	,STE 1001
COUNCIL OAKS AT TROUT R 10026 TROUT RIDGE CONVERSE Phone (210) 590-3909 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: COUNCIL OAKS FLATLAND T 10304 FLATLAND TRAIL CONVERSE	TX Facility ID:	78109	0 0 Reg Svcs:		COUNCIL OAKS COMMUNITY OPTION: 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information COUNCIL OAKS COMMUNITY OPTION:	,STE 1001
COUNCIL OAKS AT TROUT R 10026 TROUT RIDGE CONVERSE Phone (210) 590-3909 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: COUNCIL OAKS FLATLAND T 10304 FLATLAND TRAIL CONVERSE Phone (210) 659-9553	TX Facility ID: RAIL	78109	0 0 Reg Svcs: (210) 599-9789	TEAM ICF-IID	COUNCIL OAKS COMMUNITY OPTIONS 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information COUNCIL OAKS COMMUNITY OPTIONS 11901 TOEPPERWEIN	,STE 1001
COUNCIL OAKS AT TROUT R 10026 TROUT RIDGE CONVERSE Phone (210) 590-3909 TOTAL Lic Capacity: 0	TX Facility ID: RAIL	78109	0 0 Reg Svcs: (210) 599-9789 0		COUNCIL OAKS COMMUNITY OPTION: 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information COUNCIL OAKS COMMUNITY OPTION: 11901 TOEPPERWEIN SAN ANTONIO TX	,STE 1001
COUNCIL OAKS AT TROUT R 10026 TROUT RIDGE CONVERSE Phone (210) 590-3909 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: COUNCIL OAKS FLATLAND T 10304 FLATLAND TRAIL CONVERSE Phone (210) 659-9553	TX Facility ID: RAIL	78109	0 0 Reg Svcs: (210) 599-9789 0 0	TEAM ICF-IID	COUNCIL OAKS COMMUNITY OPTION: 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information COUNCIL OAKS COMMUNITY OPTION: 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID	,STE 1001
COUNCIL OAKS AT TROUT R 10026 TROUT RIDGE CONVERSE Phone (210) 590-3909 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: COUNCIL OAKS FLATLAND T 10304 FLATLAND TRAIL CONVERSE Phone (210) 659-9553 TOTAL Lic Capacity: 0 PRIVATE Beds: 0	TX Facility ID: RAIL	78109	0 0 Reg Svcs: (210) 599-9789 0 0	TEAM ICF-IID ICF/IID: 6	COUNCIL OAKS COMMUNITY OPTION: 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information COUNCIL OAKS COMMUNITY OPTION: 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717	,STE 1001
COUNCIL OAKS AT TROUT R 10026 TROUT RIDGE CONVERSE Phone (210) 590-3909 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: COUNCIL OAKS FLATLAND T 10304 FLATLAND TRAIL CONVERSE Phone (210) 659-9553 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR	TX Facility ID: RAIL TX	78109	0 0 Reg Svcs: (210) 599-9789 0 0	TEAM ICF-IID	COUNCIL OAKS COMMUNITY OPTION: 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information COUNCIL OAKS COMMUNITY OPTION: 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID License Exp Dt: 09/17/2018	,STE 1001
COUNCIL OAKS AT TROUT R 10026 TROUT RIDGE CONVERSE Phone (210) 590-3909 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: COUNCIL OAKS FLATLAND T 10304 FLATLAND TRAIL CONVERSE Phone (210) 659-9553 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information:	TX Facility ID: RAIL	78109	0 0 Reg Svcs: (210) 599-9789 0 0	TEAM ICF-IID ICF/IID: 6	COUNCIL OAKS COMMUNITY OPTION: 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information COUNCIL OAKS COMMUNITY OPTION: 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID License Exp Dt: 09/17/2018 Owner Information	,STE 1001
COUNCIL OAKS AT TROUT R 10026 TROUT RIDGE CONVERSE Phone (210) 590-3909 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: COUNCIL OAKS FLATLAND T 10304 FLATLAND TRAIL CONVERSE Phone (210) 659-9553 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR	TX Facility ID: RAIL TX	78109	0 0 Reg Svcs: (210) 599-9789 0 0	TEAM ICF-IID ICF/IID: 6	COUNCIL OAKS COMMUNITY OPTION: 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information COUNCIL OAKS COMMUNITY OPTION: 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID License Exp Dt: 09/17/2018 Owner Information EDUCARE COMMUNITY LIVING CORPORTS	,STE 1001
COUNCIL OAKS AT TROUT R 10026 TROUT RIDGE CONVERSE Phone (210) 590-3909 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: COUNCIL OAKS FLATLAND T 10304 FLATLAND TRAIL CONVERSE Phone (210) 659-9553 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: SPRUCE RIDGE 10026 SPRUCE RIDGE DR CONVERSE	TX Facility ID: RAIL TX	78109	0 0 Reg Svcs: (210) 599-9789 0 0	TEAM ICF-IID ICF/IID: 6	COUNCIL OAKS COMMUNITY OPTION: 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information COUNCIL OAKS COMMUNITY OPTION: 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID License Exp Dt: 09/17/2018 Owner Information	,STE 1001
COUNCIL OAKS AT TROUT R 10026 TROUT RIDGE CONVERSE Phone (210) 590-3909 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: COUNCIL OAKS FLATLAND T 10304 FLATLAND TRAIL CONVERSE Phone (210) 659-9553 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: SPRUCE RIDGE 10026 SPRUCE RIDGE DR	TX Facility ID: RAIL TX Facility ID:	78109	0 0 Reg Svcs: (210) 599-9789 0 0	TEAM ICF-IID ICF/IID: 6	COUNCIL OAKS COMMUNITY OPTIONS 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information COUNCIL OAKS COMMUNITY OPTIONS 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID License Exp Dt: 09/17/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY	,STE 1001
COUNCIL OAKS AT TROUT R 10026 TROUT RIDGE CONVERSE Phone (210) 590-3909 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: COUNCIL OAKS FLATLAND T 10304 FLATLAND TRAIL CONVERSE Phone (210) 659-9553 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: SPRUCE RIDGE 10026 SPRUCE RIDGE DR CONVERSE	TX Facility ID: RAIL TX Facility ID:	78109	0 0 Reg Svcs: (210) 599-9789 0 0 0 Reg Svcs:	TEAM ICF-IID ICF/IID: 6	COUNCIL OAKS COMMUNITY OPTION: 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information COUNCIL OAKS COMMUNITY OPTION: 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID License Exp Dt: 09/17/2018 Owner Information EDUCARE COMMUNITY LIVING CORPORED IN STATION RD LOUISVILLE KY PHONE: (502) 394-2100	,STE 1001
COUNCIL OAKS AT TROUT R 10026 TROUT RIDGE CONVERSE Phone (210) 590-3909 TOTAL Lic Capacity: 0	TX Facility ID: RAIL TX Facility ID:	78109	0 0 Reg Svcs: (210) 599-9789 0 0 0 Reg Svcs:	TEAM ICF-IID ICF/IID: 6 TEAM ICF-IID	COUNCIL OAKS COMMUNITY OPTIONS 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information COUNCIL OAKS COMMUNITY OPTIONS 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID License Exp Dt: 09/17/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY	,STE 1001

Wednesday, January 04, 2017 Page 6 of 138

County BEXAR			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	007601	Ü		Owner Information	· ·
10115 CEDARMONT					CALAB INC	
10115 CEDARMONT SAN ANTONIO	TX	78245			3803 S ROBINSON RD	
Phone (210) 520-2539	1.4	Fax	(210) 647-7637		GRAND PRAIRIE TX	75052-1239
TOTAL Lic Capacity: 0		TITLE 18:	` '	ICF/IID: 6	PHONE : (972) 263-2112	FAX : (972) 263-2115
Cert Alzh Capacity: 0		TITLE 10.		ICI/IID. 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 05/04/2018	
			-		21001100 224 211	
County BEXAR	F:::4 ID-	007000	Reg Svcs:	TEAM ICF-IID	O	Region 08 - SAN ANTONIO
Facility Information: 11311 MORINO PARK	Facility ID:	007602			Owner Information CALAB INC	
11311 MORINO PARK					3803 S ROBINSON RD	
SAN ANTONIO	TX	78249			GRAND PRAIRIE TX	75052-1239
Phone (210) 694-4418		Fax	(210) 647-7637		PHONE: (972) 263-2112	FAX: (972) 263-2115
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	,	,
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 05/05/2018	
County BEXAR			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	007347			Owner Information	
7123 SPRING MORNING					CALAB INC	
7123 SPRING MORNING SAN ANTONIO	TX	78249			3803 S ROBINSON RD	
Phone (210) 690-3258	17	Fax	(210) 647-7637		GRAND PRAIRIE TX	75052-1239
TOTAL Lic Capacity: 0		TITLE 18:	, ,	ICF/IID: 6	PHONE : (972) 263-2112	FAX: (972) 263-2115
Cert Alzh Capacity: 0		TITLE 19:		IOI NID.	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 09/01/2017	
County BEVAD			Dog Cues	TEAM IOE IID		Design Of CANANTONIO
County BEXAR Facility Information:	Facility ID:	007600	Reg Svcs:	TEAM ICF-IID	Owner Information	Region 08 - SAN ANTONIO
County BEXAR Facility Information: 9519 AUTUMN BREEZE	Facility ID:	007600	Reg Svcs:	TEAM ICF-IID	Owner Information CALAB INC	Region 08 - SAN ANTONIO
Facility Information: 9519 AUTUMN BREEZE 9519 AUTUMN BREEZE	·		Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information: 9519 AUTUMN BREEZE 9519 AUTUMN BREEZE SAN ANTONIO	Facility ID:	78250	·	TEAM ICF-IID	CALAB INC	Region 08 - SAN ANTONIO 75052-1239
Facility Information: 9519 AUTUMN BREEZE 9519 AUTUMN BREEZE SAN ANTONIO Phone (210) 520-0561	·	78250 Fax	(210) 647-7637		CALAB INC 3803 S ROBINSON RD	75052-1239
Facility Information: 9519 AUTUMN BREEZE 9519 AUTUMN BREEZE SAN ANTONIO Phone (210) 520-0561 TOTAL Lic Capacity: 0	·	78250 Fax TITLE 18:	(210) 647-7637 0	TEAM ICF-IID ICF/IID: 6	CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112	75052-1239 FAX : (972) 263-2115
Facility Information: 9519 AUTUMN BREEZE 9519 AUTUMN BREEZE SAN ANTONIO Phone (210) 520-0561 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	78250 Fax TITLE 18: TITLE19:	(210) 647-7637 0		CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID	75052-1239
Facility Information: 9519 AUTUMN BREEZE 9519 AUTUMN BREEZE SAN ANTONIO Phone (210) 520-0561 TOTAL Lic Capacity: 0	·	78250 Fax TITLE 18:	(210) 647-7637 0		CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112	75052-1239 FAX : (972) 263-2115
Facility Information: 9519 AUTUMN BREEZE 9519 AUTUMN BREEZE SAN ANTONIO Phone (210) 520-0561 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	78250 Fax TITLE 18: TITLE19:	(210) 647-7637 0		CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID	75052-1239 FAX : (972) 263-2115
Facility Information: 9519 AUTUMN BREEZE 9519 AUTUMN BREEZE SAN ANTONIO Phone (210) 520-0561 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information:	·	78250 Fax TITLE 18: TITLE19:	(210) 647-7637 0 0	ICF/IID: 6	CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 05/03/2018 Owner Information	75052-1239 FAX: (972) 263-2115 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: 9519 AUTUMN BREEZE 9519 AUTUMN BREEZE SAN ANTONIO Phone (210) 520-0561 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: APRICOT	тх	78250 Fax TITLE 18: TITLE19: TITLE 18/19:	(210) 647-7637 0 0	ICF/IID: 6	CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 05/03/2018 Owner Information EDUCARE COMMUNITY LIVING CORPORATION	75052-1239 FAX: (972) 263-2115 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: 9519 AUTUMN BREEZE 9519 AUTUMN BREEZE SAN ANTONIO Phone (210) 520-0561 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information:	тх	78250 Fax TITLE 18: TITLE19: TITLE 18/19:	(210) 647-7637 0 0	ICF/IID: 6	CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 05/03/2018 Owner Information EDUCARE COMMUNITY LIVING CORPORTS	75052-1239 FAX: (972) 263-2115 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO PRATION - TEXAS
Facility Information: 9519 AUTUMN BREEZE 9519 AUTUMN BREEZE SAN ANTONIO Phone (210) 520-0561 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: APRICOT 12126 APRICOT	TX Facility ID:	78250 Fax TITLE 18: TITLE19: TITLE 18/19:	(210) 647-7637 0 0	ICF/IID: 6	CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 05/03/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY	75052-1239 FAX: (972) 263-2115 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO PRATION - TEXAS 40223
Facility Information: 9519 AUTUMN BREEZE 9519 AUTUMN BREEZE SAN ANTONIO Phone (210) 520-0561 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: APRICOT 12126 APRICOT SAN ANTONIO	TX Facility ID:	78250 Fax TITLE 18: TITLE19: TITLE 18/19: 007253	(210) 647-7637 0 0 0 Reg Svcs:	ICF/IID: 6	CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 05/03/2018 Owner Information EDUCARE COMMUNITY LIVING CORPORTS	75052-1239 FAX: (972) 263-2115 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO PRATION - TEXAS
Facility Information: 9519 AUTUMN BREEZE 9519 AUTUMN BREEZE SAN ANTONIO Phone (210) 520-0561 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: APRICOT 12126 APRICOT SAN ANTONIO Phone (210) 545-1581	TX Facility ID:	78250	(210) 647-7637 0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID	CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 05/03/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY	75052-1239 FAX: (972) 263-2115 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO PRATION - TEXAS 40223
Facility Information: 9519 AUTUMN BREEZE 9519 AUTUMN BREEZE SAN ANTONIO Phone (210) 520-0561 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: APRICOT 12126 APRICOT SAN ANTONIO Phone (210) 545-1581 TOTAL Lic Capacity: 0	TX Facility ID:	78250	(210) 647-7637 0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID	CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 05/03/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100	75052-1239 FAX: (972) 263-2115 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO PRATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: 9519 AUTUMN BREEZE 9519 AUTUMN BREEZE SAN ANTONIO Phone (210) 520-0561 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: APRICOT 12126 APRICOT SAN ANTONIO Phone (210) 545-1581 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	78250	(210) 647-7637 0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID	CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 05/03/2018 Owner Information EDUCARE COMMUNITY LIVING CORPORATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	75052-1239 FAX: (972) 263-2115 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO PRATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: 9519 AUTUMN BREEZE 9519 AUTUMN BREEZE SAN ANTONIO Phone (210) 520-0561 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: APRICOT 12126 APRICOT SAN ANTONIO Phone (210) 545-1581 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	78250	(210) 647-7637 0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 05/03/2018 Owner Information EDUCARE COMMUNITY LIVING CORPORATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	75052-1239 FAX: (972) 263-2115 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
Facility Information: 9519 AUTUMN BREEZE 9519 AUTUMN BREEZE SAN ANTONIO Phone (210) 520-0561 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: APRICOT 12126 APRICOT SAN ANTONIO Phone (210) 545-1581 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR	TX Facility ID:	78250	(210) 647-7637 0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 05/03/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2018	75052-1239 FAX: (972) 263-2115 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: 9519 AUTUMN BREEZE 9519 AUTUMN BREEZE SAN ANTONIO Phone (210) 520-0561 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: APRICOT 12126 APRICOT SAN ANTONIO Phone (210) 545-1581 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: ARBOR WOOD 9035 ARBORWOOD	TX Facility ID: TX Facility ID:	78250	(210) 647-7637 0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 05/03/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2018	75052-1239 FAX: (972) 263-2115 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: 9519 AUTUMN BREEZE 9519 AUTUMN BREEZE SAN ANTONIO Phone (210) 520-0561 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: APRICOT 12126 APRICOT SAN ANTONIO Phone (210) 545-1581 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: ARBOR WOOD 9035 ARBORWOOD SAN ANTONIO	TX Facility ID:	78250	(210) 647-7637 0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 05/03/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO PROGRAM TYPE: ICF/IID	75052-1239 FAX: (972) 263-2115 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: 9519 AUTUMN BREEZE 9519 AUTUMN BREEZE SAN ANTONIO Phone (210) 520-0561 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: APRICOT 12126 APRICOT SAN ANTONIO Phone (210) 545-1581 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: ARBOR WOOD 9035 ARBORWOOD SAN ANTONIO Phone (210) 681-5334	TX Facility ID: TX Facility ID:	78250	(210) 647-7637 0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6 TEAM ICF-IID	CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 05/03/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9001 LINN STATION RD	75052-1239 FAX: (972) 263-2115 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO PRATION - TEXAS
Facility Information: 9519 AUTUMN BREEZE 9519 AUTUMN BREEZE SAN ANTONIO Phone (210) 520-0561 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: APRICOT 12126 APRICOT SAN ANTONIO Phone (210) 545-1581 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: ARBOR WOOD 9035 ARBORWOOD SAN ANTONIO Phone (210) 681-5334 TOTAL Lic Capacity: 0	TX Facility ID: TX Facility ID:	78250	(210) 647-7637 0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 05/03/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 901 LINN STATION RD LOUISVILLE KY HONE: KY	75052-1239 FAX: (972) 263-2115 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO PRATION - TEXAS 40223
Facility Information: 9519 AUTUMN BREEZE 9519 AUTUMN BREEZE SAN ANTONIO Phone (210) 520-0561 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: APRICOT 12126 APRICOT SAN ANTONIO Phone (210) 545-1581 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: ARBOR WOOD 9035 ARBORWOOD SAN ANTONIO Phone (210) 681-5334	TX Facility ID: TX Facility ID:	78250	(210) 647-7637 0 0 0 Reg Svcs: 0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6 TEAM ICF-IID	CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 05/03/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE LICENSE Exp Dt: 12/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100	75052-1239 FAX: (972) 263-2115 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO ORATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED ORATION - TEXAS 40223 FAX: (502) 394-2285

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County BEXAR			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	007349	-		Owner Information	
AUTISTIC TREATMENT CEN	TER WADDESI	DON WOOD			AUTISTIC TREATMENT CENTER INC	
6307 WADDESDON WOOD SAN ANTONIO	TX	78233			10503 METRIC DR	
Phone (210) 590-2107		Fax	(210) 590-3143		DALLAS TX	75243
TOTAL Lic Capacity: 0		TITLE 18:	• •	ICF/IID: 6	PHONE : (972) 644-2076	FAX: (972) 644-5650
Cert Alzh Capacity: 0		TITLE 19:		IOI/IID. 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 12/18/2017	
		11122 10/13:		TEAM IOE IID	2/10/2017	Davis 00 OAN ANTONIO
County BEXAR Facility Information:	Facility ID:	010179	Reg Svcs:	TEAM ICF-IID	Owner Information	Region 08 - SAN ANTONIO
BOULDER CREEK	•				AUTISTIC TREATMENT CENTER INC	
15618 BOULDER CREEK SAN ANTONIO	TX	78247			10503 METRIC DR	
Phone (210) 590-2107		Fax	(210) 590-3143		DALLAS TX	75243
TOTAL Lic Capacity: 0		TITLE 18:	,	ICF/IID: 6	PHONE : (972) 644-2076	FAX: (972) 644-5650
Cert Alzh Capacity: 0		TITLE 10.		ICI/IID. 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 07/12/2017	
		1116 10/19:			LIGHISE LAP DL. 01/12/2017	
County BEXAR	F. 99 95	404700	Reg Svcs:	TEAM ICF-IID	Owner Information	Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	101793			Owner Information EDUCARE COMMUNITY LIVING CORPO	DATION TEVAC
BOULDER OAKS 14038 BOULDER OAKS						DRATION - TEXAS
SAN ANTONIO	TX	78247			9901 LINN STATION RD	40000
Phone (210) 490-4656		Fax			LOUISVILLE KY	40223
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (502) 394-2100	FAX : (502) 394-2285
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 11/01/2017	
County BEXAR			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	003668			Owner Information	
BOULDER OAKS					REACHING MAXIMUM INDEPENDENCE	INC
14022 BOULDER OAKS SAN ANTONIO	TX	78247			6336 MONTGOMERY DR	
Phone (210) 494-4915	IX.	Fax			SAN ANTONIO TX	78239
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (210) 656-6674	FAX: (210) 656-0199
Cert Alzh Capacity: 0		TITLE 10:		ICF/IID: 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 04/29/2018	
FRIVATE Deus. 0		111111111111111111111111111111111111111	U		UCE 156 EXP Dt. 04/23/2010	
County BEXAR			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	007409			Owner Information	DATION TEVAS
BREES 222 BREES					EDUCARE COMMUNITY LIVING CORPO	DRATION - TEXAS
SAN ANTONIO	TX	78209			9901 LINN STATION RD	40000
Phone (210) 820-3712		Fax			LOUISVILLE KY	40223
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (502) 394-2100	FAX : (502) 394-2285
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 12/01/2018	
County BEXAR			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
		007487			Owner Information	
Facility Information:	Facility ID:				COMPLETE LIFE CARE	
•	Facility ID:				COMPLETE LIFE CARE	
Facility Information: CADES COVE HOUSE 6647 CADES COVE	•				6647 CADES COVE	
Facility Information: CADES COVE HOUSE 6647 CADES COVE SAN ANTONIO	Facility ID:	78238	(210) 520-7260			78238
Facility Information: CADES COVE HOUSE 6647 CADES COVE SAN ANTONIO Phone (210) 520-0774	•	78238 Fax	(210) 520-7260	ICE/IID. 6	6647 CADES COVE	78238 FAX: (210) 520-7260
Facility Information: CADES COVE HOUSE 6647 CADES COVE SAN ANTONIO Phone (210) 520-0774 TOTAL Lic Capacity: 0	•	78238 Fax TITLE 18:	0	ICF/IID: 6	6647 CADES COVE SAN ANTONIO TX	
Facility Information: CADES COVE HOUSE 6647 CADES COVE SAN ANTONIO Phone (210) 520-0774	•	78238 Fax	0	ICF/IID: 6	6647 CADES COVE SAN ANTONIO TX PHONE: (210) 520-0774	FAX: (210) 520-7260

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County BEXAR			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	007348			Owner Information	-9
CHISOLM TRAIL	•				EDUCARE COMMUNITY LIVING CORPO	ORATION - TEXAS
2815 CHISOLM TRL	T V	70047			9901 LINN STATION RD	
SAN ANTONIO Phone (210) 820-3650	TX	78217 Fax			LOUISVILLE KY	40223
(,, , , , , , , , , , , , , , , , , ,				105/110	PHONE : (502) 394-2100	FAX : (502) 394-2285
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: CF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0 PRIVATE Beds: 0		TITLE19:				
		TITLE 18/19:			License Exp Dt: 12/01/2018	
County BEXAR Facility Information:	Facility ID:	003933	Reg Svcs:	TEAM ICF-IID	Owner Information	Region 08 - SAN ANTONIO
CONSTITUTION COMMUNITY	•	003933			EDUCARE COMMUNITY LIVING LIMITE	D DADTNERSHID
12319 CONSTITUTION ST	THOME				9901 LINN STATION ROAD	DIAKINEKSIII
SAN ANTONIO	TX	78233-5206			LOUISVILLE KY	40223-3808
Phone (210) 590-9338		Fax			PHONE : (502) 394-2100	FAX : (502) 394-2285
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	,	,
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2019	
County BEXAR			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	007553			Owner Information	
COUNCIL OAKS AT ALMARIO 9430 ALMARION WAY	ON WAY				COUNCIL OAKS COMMUNITY OPTIONS	
SAN ANTONIO	TX	78250			11901 TOEPPERWEIN	,STE 1001
Phone (210) 684-7510		Fax	(512) 346-4125		SAN ANTONIO TX	78233
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (210) 646-0717	FAX : (210) 599-9789
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 11/01/2017	
County BEXAR			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
County BEXAR Facility Information:	Facility ID:	003698	Reg Svcs:	TEAM ICF-IID	Owner Information	Region 08 - SAN ANTONIO
Facility Information: COUNCIL OAKS AT BEECH T	•	003698	Reg Svcs:	TEAM ICF-IID	Owner Information COUNCIL OAKS COMMUNITY OPTIONS	v
Facility Information:	•	003698 78244	Reg Svcs:	TEAM ICF-IID	COUNCIL OAKS COMMUNITY OPTIONS	S LTD ,STE 1001
Facility Information: COUNCIL OAKS AT BEECH T 7031 BEECH TRAIL	TRAIL .		Reg Svcs:	TEAM ICF-IID	COUNCIL OAKS COMMUNITY OPTIONS	SLTD
Facility Information: COUNCIL OAKS AT BEECH T 7031 BEECH TRAIL SAN ANTONIO	TRAIL .	78244	·	TEAM ICF-IID ICF/IID: 6	COUNCIL OAKS COMMUNITY OPTIONS	S LTD ,STE 1001
Facility Information: COUNCIL OAKS AT BEECH T 7031 BEECH TRAIL SAN ANTONIO Phone (210) 666-1224	TRAIL .	78244 Fax	0		COUNCIL OAKS COMMUNITY OPTIONS 11901 TOEPPERWEIN SAN ANTONIO TX	S LTD ,STE 1001 78233
Facility Information: COUNCIL OAKS AT BEECH T 7031 BEECH TRAIL SAN ANTONIO Phone (210) 666-1224 TOTAL Lic Capacity: 0	TRAIL .	78244 Fax TITLE 18:	0 0		COUNCIL OAKS COMMUNITY OPTIONS 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717	S LTD ,STE 1001 78233 FAX: (210) 599-9789
Facility Information: COUNCIL OAKS AT BEECH T 7031 BEECH TRAIL SAN ANTONIO Phone (210) 666-1224 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TRAIL .	78244 Fax TITLE 18: TITLE19:	0 0 0	ICF/IID: 6	COUNCIL OAKS COMMUNITY OPTIONS 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID	S LTD ,STE 1001 78233 FAX: (210) 599-9789 SERVICE TYPE PRIVATELY OWNED
Facility Information: COUNCIL OAKS AT BEECH T 7031 BEECH TRAIL SAN ANTONIO Phone (210) 666-1224 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TRAIL .	78244 Fax TITLE 18: TITLE19:	0 0		COUNCIL OAKS COMMUNITY OPTIONS 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID	S LTD ,STE 1001 78233 FAX: (210) 599-9789
Facility Information: COUNCIL OAKS AT BEECH T 7031 BEECH TRAIL SAN ANTONIO Phone (210) 666-1224 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR	TX TX Facility ID:	78244 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 6	COUNCIL OAKS COMMUNITY OPTIONS 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017	S LTD ,STE 1001 78233 FAX: (210) 599-9789 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: COUNCIL OAKS AT BEECH T 7031 BEECH TRAIL SAN ANTONIO Phone (210) 666-1224 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: COUNCIL OAKS AT CHERRY 8303 CHERRY GLADE	TX TX Facility ID: GLADE	78244 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 6	COUNCIL OAKS COMMUNITY OPTIONS 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information	S LTD ,STE 1001 78233 FAX: (210) 599-9789 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: COUNCIL OAKS AT BEECH T 7031 BEECH TRAIL SAN ANTONIO Phone (210) 666-1224 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: COUNCIL OAKS AT CHERRY 8303 CHERRY GLADE SAN ANTONIO	TX TX Facility ID:	78244	0 0 0 Reg Svcs:	ICF/IID: 6	COUNCIL OAKS COMMUNITY OPTIONS 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information COUNCIL OAKS COMMUNITY OPTIONS	S LTD ,STE 1001 ,78233 FAX: (210) 599-9789 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: COUNCIL OAKS AT BEECH TO 7031 BEECH TRAIL SAN ANTONIO Phone (210) 666-1224 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: COUNCIL OAKS AT CHERRY 8303 CHERRY GLADE SAN ANTONIO Phone (210) 658-9288	TX TX Facility ID: GLADE	78244	0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID	COUNCIL OAKS COMMUNITY OPTIONS 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information COUNCIL OAKS COMMUNITY OPTIONS 11901 TOEPPERWEIN	S LTD ,STE 1001 ,78233 FAX: (210) 599-9789 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO S LTD ,STE 1001
Facility Information: COUNCIL OAKS AT BEECH TO 7031 BEECH TRAIL SAN ANTONIO Phone (210) 666-1224 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: COUNCIL OAKS AT CHERRY 8303 CHERRY GLADE SAN ANTONIO Phone (210) 658-9288 TOTAL Lic Capacity: 0	TX TX Facility ID: GLADE	78244	0 0 0 Reg Svcs: (210) 599-9789	ICF/IID: 6	COUNCIL OAKS COMMUNITY OPTIONS 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information COUNCIL OAKS COMMUNITY OPTIONS 11901 TOEPPERWEIN SAN ANTONIO TX	S LTD ,STE 1001 78233 FAX: (210) 599-9789 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO S LTD ,STE 1001 78233
Facility Information: COUNCIL OAKS AT BEECH TO 7031 BEECH TRAIL SAN ANTONIO Phone (210) 666-1224 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: COUNCIL OAKS AT CHERRY 8303 CHERRY GLADE SAN ANTONIO Phone (210) 658-9288	TX TX Facility ID: GLADE	78244	0 0 0 Reg Svcs: (210) 599-9789 0	ICF/IID: 6 TEAM ICF-IID	COUNCIL OAKS COMMUNITY OPTIONS 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information COUNCIL OAKS COMMUNITY OPTIONS 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717	S LTD ,STE 1001 78233 FAX: (210) 599-9789 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO S LTD ,STE 1001 78233 FAX: (210) 599-9789
Facility Information: COUNCIL OAKS AT BEECH T 7031 BEECH TRAIL SAN ANTONIO Phone (210) 666-1224 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: COUNCIL OAKS AT CHERRY 3303 CHERRY GLADE SAN ANTONIO Phone (210) 658-9288 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX TX Facility ID: GLADE	78244	0 0 0 Reg Svcs: (210) 599-9789 0 0	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	COUNCIL OAKS COMMUNITY OPTIONS 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information COUNCIL OAKS COMMUNITY OPTIONS 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID	S LTD ,STE 1001 78233 FAX: (210) 599-9789 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO S LTD ,STE 1001 78233 FAX: (210) 599-9789 SERVICE TYPE PRIVATELY OWNED
Facility Information: COUNCIL OAKS AT BEECH T 7031 BEECH TRAIL SAN ANTONIO Phone (210) 666-1224 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: COUNCIL OAKS AT CHERRY 8303 CHERRY GLADE SAN ANTONIO Phone (210) 658-9288 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR	TX Facility ID: GLADE TX	78244	0 0 0 Reg Svcs: (210) 599-9789 0	ICF/IID: 6 TEAM ICF-IID	COUNCIL OAKS COMMUNITY OPTIONS 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information COUNCIL OAKS COMMUNITY OPTIONS 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID License Exp Dt: 02/01/2018	S LTD ,STE 1001 78233 FAX: (210) 599-9789 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO S LTD ,STE 1001 78233 FAX: (210) 599-9789
Facility Information: COUNCIL OAKS AT BEECH T 7031 BEECH TRAIL SAN ANTONIO Phone (210) 666-1224 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: COUNCIL OAKS AT CHERRY 8303 CHERRY GLADE SAN ANTONIO Phone (210) 658-9288 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	Facility ID: TX Facility ID: TX Facility ID:	78244	0 0 0 Reg Svcs: (210) 599-9789 0 0	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	COUNCIL OAKS COMMUNITY OPTIONS 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information COUNCIL OAKS COMMUNITY OPTIONS 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID	S LTD ,STE 1001 78233 FAX: (210) 599-9789 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO S LTD ,STE 1001 78233 FAX: (210) 599-9789 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: COUNCIL OAKS AT BEECH TO 7031 BEECH TRAIL SAN ANTONIO Phone (210) 666-1224 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: COUNCIL OAKS AT CHERRY 8303 CHERRY GLADE SAN ANTONIO Phone (210) 658-9288 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: COUNCIL OAKS AT CLOUDY 6124 CLOUDY RIDGE	Facility ID: TX Facility ID: TX Facility ID: RIDGE	78244	0 0 0 Reg Svcs: (210) 599-9789 0 0	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	COUNCIL OAKS COMMUNITY OPTIONS 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information COUNCIL OAKS COMMUNITY OPTIONS 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID License Exp Dt: 02/01/2018 Owner Information	S LTD ,STE 1001 78233 FAX: (210) 599-9789 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO S LTD ,STE 1001 78233 FAX: (210) 599-9789 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: COUNCIL OAKS AT BEECH TO 7031 BEECH TRAIL SAN ANTONIO Phone (210) 666-1224 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: COUNCIL OAKS AT CHERRY 8303 CHERRY GLADE SAN ANTONIO Phone (210) 658-9288 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: COUNCIL OAKS AT CLOUDY 6124 CLOUDY RIDGE SAN ANTONIO	Facility ID: TX Facility ID: TX Facility ID:	78244	0 0 0 Reg Svcs: (210) 599-9789 0 0	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	COUNCIL OAKS COMMUNITY OPTIONS 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information COUNCIL OAKS COMMUNITY OPTIONS 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID License Exp Dt: 02/01/2018 Owner Information COUNCIL OAKS COMMUNITY OPTIONS	S LTD ,STE 1001 78233 FAX: (210) 599-9789 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO S LTD ,STE 1001 78233 FAX: (210) 599-9789 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO S LTD Region 08 - SAN ANTONIO
Facility Information: COUNCIL OAKS AT BEECH T 7031 BEECH TRAIL SAN ANTONIO Phone (210) 666-1224 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: COUNCIL OAKS AT CHERRY 8303 CHERRY GLADE SAN ANTONIO Phone (210) 658-9288 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: COUNCIL OAKS AT CLOUDY 6124 CLOUDY RIDGE SAN ANTONIO Phone (210) 637-6506	Facility ID: TX Facility ID: TX Facility ID: RIDGE	78244	0 0 0 Reg Svcs: (210) 599-9789 0 0 0	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6 TEAM ICF-IID	COUNCIL OAKS COMMUNITY OPTIONS 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information COUNCIL OAKS COMMUNITY OPTIONS 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID License Exp Dt: 02/01/2018 Owner Information COUNCIL OAKS COMMUNITY OPTIONS 11901 TOEPPERWEIN COUNCIL OAKS COMMUNITY OPTIONS 11901 TOEPPERWEIN	S LTD ,STE 1001 78233 FAX: (210) 599-9789 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO S LTD ,STE 1001 78233 FAX: (210) 599-9789 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO S LTD ,STE 1001 Region 08 - SAN ANTONIO
Facility Information: COUNCIL OAKS AT BEECH T 7031 BEECH TRAIL SAN ANTONIO Phone (210) 666-1224 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: COUNCIL OAKS AT CHERRY 8303 CHERRY GLADE SAN ANTONIO Phone (210) 658-9288 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: COUNCIL OAKS AT CHERRY 6100 658-9288 TOTAL Lic Capacity: 0 County BEXAR Facility Information: COUNCIL OAKS AT CLOUDY 6124 CLOUDY RIDGE SAN ANTONIO Phone (210) 637-6506 TOTAL Lic Capacity: 0	Facility ID: TX Facility ID: TX Facility ID: RIDGE	78244	0 0 0 Reg Svcs: (210) 599-9789 0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	COUNCIL OAKS COMMUNITY OPTIONS 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information COUNCIL OAKS COMMUNITY OPTIONS 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID License Exp Dt: 02/01/2018 Owner Information COUNCIL OAKS COMMUNITY OPTIONS 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717	S LTD ,STE 1001 78233 FAX: (210) 599-9789 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO S LTD ,STE 1001 78233 FAX: (210) 599-9789 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO S LTD ,STE 1001 78233 FAX: (210) 599-9789
Facility Information: COUNCIL OAKS AT BEECH TO 7031 BEECH TRAIL SAN ANTONIO Phone (210) 666-1224 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: COUNCIL OAKS AT CHERRY 8303 CHERRY GLADE SAN ANTONIO Phone (210) 658-9288 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: 0 COUNCIL OAKS AT CHERRY 6140 COUNCIL OAKS AT CHERRY 6140 COUNCIL CAPACITY: 0 PRIVATE BEDS: 0 COUNTY BEXAR Facility Information: COUNCIL OAKS AT CLOUDY 6124 CLOUDY RIDGE SAN ANTONIO Phone (210) 637-6506	Facility ID: TX Facility ID: TX Facility ID: RIDGE	78244	0 0 0 Reg Svcs: (210) 599-9789 0 0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6 TEAM ICF-IID	COUNCIL OAKS COMMUNITY OPTIONS 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information COUNCIL OAKS COMMUNITY OPTIONS 11901 TOEPPERWEIN SAN ANTONIO TX PHONE: (210) 646-0717 PROGRAM TYPE: ICF/IID License Exp Dt: 02/01/2018 Owner Information COUNCIL OAKS COMMUNITY OPTIONS 11901 TOEPPERWEIN SAN ANTONIO TX Owner Information COUNCIL OAKS COMMUNITY OPTIONS 11901 TOEPPERWEIN SAN ANTONIO TX	S LTD ,STE 1001 78233 FAX: (210) 599-9789 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO S LTD ,STE 1001 78233 FAX: (210) 599-9789 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO S LTD ,STE 1001 78233

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County BEXAR			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	007466			Owner Information	
COUNCIL OAKS AT COUNTRY	Y CROSS				COUNCIL OAKS COMMUNITY OPTIONS	LTD
6815 COUNTRY CROSS SAN ANTONIO	TX	78240			11901 TOEPPERWEIN	,STE 1001
Phone (210) 697-9760		Fax			SAN ANTONIO TX	78233
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (210) 646-0717	FAX: (210) 599-9789
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 11/01/2017	
County BEXAR			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	007337			Owner Information	
COUNCIL OAKS AT SHALLOW 8211 SHALLOW CREEK	V CREEK				COUNCIL OAKS COMMUNITY OPTIONS	
SAN ANTONIO	TX	78251			11901 TOEPPERWEIN	,STE 1001
Phone (210) 680-2778		Fax			SAN ANTONIO TX	78233
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (210) 646-0717	FAX : (210) 599-9789
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 11/01/2017	
County BEXAR			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	007546			Owner Information	
COUNCIL OAKS AT SHALLOV	V RIDGE				COUNCIL OAKS COMMUNITY OPTIONS	
8722 SHALLOW RIDGE SAN ANTONIO	TX	78239			11901 TOEPPERWEIN	,STE 1001
Phone (210) 590-2912		Fax			SAN ANTONIO TX	78233
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (210) 646-0717	FAX : (210) 599-9789
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 11/01/2017	
County BEXAR			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
County BEXAR Facility Information:	Facility ID:	003816	Reg Svcs:	TEAM ICF-IID	Owner Information	Region 08 - SAN ANTONIO
Facility Information: COVENANT HOME	Facility ID:	003816	Reg Svcs:	TEAM ICF-IID	Owner Information MISSION ROAD DEVELOPMENTAL CENT	· ·
Facility Information:	Facility ID:	003816 78209	Reg Svcs:	TEAM ICF-IID	MISSION ROAD DEVELOPMENTAL CENT 8706 MISSION RD	TER
Facility Information: COVENANT HOME 131 BURR RD	·		Reg Svcs: (210) 828-1246	TEAM ICF-IID	MISSION ROAD DEVELOPMENTAL CENT	· ·
Facility Information: COVENANT HOME 131 BURR RD SAN ANTONIO	·	78209	(210) 828-1246	TEAM ICF-IID ICF/IID: 10	MISSION ROAD DEVELOPMENTAL CENT 8706 MISSION RD	TER
Facility Information: COVENANT HOME 131 BURR RD SAN ANTONIO Phone (210) 828-1424	·	78209 Fax	(210) 828-1246 0		MISSION ROAD DEVELOPMENTAL CENT 8706 MISSION RD SAN ANTONIO TX	TER 78214
Facility Information: COVENANT HOME 131 BURR RD SAN ANTONIO Phone (210) 828-1424 TOTAL Lic Capacity: 0	·	78209 Fax TITLE 18:	(210) 828-1246 0 0		MISSION ROAD DEVELOPMENTAL CENT 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437	78214 FAX: (210) 922-6006
Facility Information: COVENANT HOME 131 BURR RD SAN ANTONIO Phone (210) 828-1424 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	78209 Fax TITLE 18: TITLE19:	(210) 828-1246 0 0		MISSION ROAD DEVELOPMENTAL CENT 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437 PROGRAM TYPE: ICF/IID	78214 FAX: (210) 922-6006
Facility Information: COVENANT HOME 131 BURR RD SAN ANTONIO Phone (210) 828-1424 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	78209 Fax TITLE 18: TITLE19:	(210) 828-1246 0 0	ICF/IID: 10	MISSION ROAD DEVELOPMENTAL CENT 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437 PROGRAM TYPE: ICF/IID	78214 FAX: (210) 922-6006 SERVICE TYPE PRIVATELY OWNED
Facility Information: COVENANT HOME 131 BURR RD SAN ANTONIO Phone (210) 828-1424 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: CRATER LAKE HOME	тх	78209 Fax TITLE 18: TITLE19: TITLE 18/19:	(210) 828-1246 0 0	ICF/IID: 10	MISSION ROAD DEVELOPMENTAL CENT 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437 PROGRAM TYPE: ICF/IID License Exp Dt: 10/03/2018	78214 FAX: (210) 922-6006 SERVICE TYPE PRIVATELY OWNED
Facility Information: COVENANT HOME 131 BURR RD SAN ANTONIO Phone (210) 828-1424 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information:	тх	78209 Fax TITLE 18: TITLE19: TITLE 18/19:	(210) 828-1246 0 0	ICF/IID: 10	MISSION ROAD DEVELOPMENTAL CENT 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437 PROGRAM TYPE: ICF/IID License Exp Dt: 10/03/2018 Owner Information BEXAR COUNTY HOME CARE INC PO BOX 100347	78214 FAX: (210) 922-6006 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: COVENANT HOME 131 BURR RD SAN ANTONIO Phone (210) 828-1424 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: CRATER LAKE HOME 5707 CRATER LAKE	TX Facility ID:	78209 Fax TITLE 18: TITLE19: TITLE 18/19:	(210) 828-1246 0 0	ICF/IID: 10	MISSION ROAD DEVELOPMENTAL CENT 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437 PROGRAM TYPE: ICF/IID License Exp Dt: 10/03/2018 Owner Information BEXAR COUNTY HOME CARE INC PO BOX 100347 SAN ANTONIO TX	78214 FAX: (210) 922-6006 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 78201
Facility Information: COVENANT HOME 131 BURR RD SAN ANTONIO Phone (210) 828-1424 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: CRATER LAKE HOME 5707 CRATER LAKE SAN ANTONIO	TX Facility ID:	78209	(210) 828-1246 0 0 0 Reg Svcs:	ICF/IID: 10	MISSION ROAD DEVELOPMENTAL CENT 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437 PROGRAM TYPE: ICF/IID License Exp Dt: 10/03/2018 Owner Information BEXAR COUNTY HOME CARE INC PO BOX 100347	78214 FAX: (210) 922-6006 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: COVENANT HOME 131 BURR RD SAN ANTONIO Phone (210) 828-1424 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: CRATER LAKE HOME 5707 CRATER LAKE SAN ANTONIO Phone (210) 447-7233	TX Facility ID:	78209 Fax TITLE 18: TITLE19: TITLE 18/19: 007558 78244 Fax	(210) 828-1246 0 0 0 Reg Svcs:	ICF/IID: 10 TEAM ICF-IID	MISSION ROAD DEVELOPMENTAL CENT 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437 PROGRAM TYPE: ICF/IID License Exp Dt: 10/03/2018 Owner Information BEXAR COUNTY HOME CARE INC PO BOX 100347 SAN ANTONIO TX	78214 FAX: (210) 922-6006 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 78201
Facility Information: COVENANT HOME 131 BURR RD SAN ANTONIO Phone (210) 828-1424 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: CRATER LAKE HOME 5707 CRATER LAKE SAN ANTONIO Phone (210) 447-7233 TOTAL Lic Capacity: 0	TX Facility ID:	78209	(210) 828-1246 0 0 0 Reg Svcs: (210) 661-2620 0	ICF/IID: 10 TEAM ICF-IID	MISSION ROAD DEVELOPMENTAL CENT 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437 PROGRAM TYPE: ICF/IID License Exp Dt: 10/03/2018 Owner Information BEXAR COUNTY HOME CARE INC PO BOX 100347 SAN ANTONIO TX PHONE: (210) 661-6262	78214 FAX: (210) 922-6006 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 78201 FAX: (210) 661-2620
Facility Information: COVENANT HOME 131 BURR RD SAN ANTONIO Phone (210) 828-1424 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: CRATER LAKE HOME 5707 CRATER LAKE SAN ANTONIO Phone (210) 447-7233 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	78209	(210) 828-1246 0 0 0 Reg Svcs: (210) 661-2620 0	ICF/IID: 10 TEAM ICF-IID	MISSION ROAD DEVELOPMENTAL CENT 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437 PROGRAM TYPE: ICF/IID License Exp Dt: 10/03/2018 Owner Information BEXAR COUNTY HOME CARE INC PO BOX 100347 SAN ANTONIO TX PHONE: (210) 661-6262 PROGRAM TYPE: ICF/IID	78214 FAX: (210) 922-6006 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 78201 FAX: (210) 661-2620
Facility Information: COVENANT HOME 131 BURR RD SAN ANTONIO Phone (210) 828-1424 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: CRATER LAKE HOME 5707 CRATER LAKE SAN ANTONIO Phone (210) 447-7233 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	78209	(210) 828-1246 0 0 0 Reg Svcs: (210) 661-2620 0 0	ICF/IID: 10 TEAM ICF-IID ICF/IID: 6	MISSION ROAD DEVELOPMENTAL CENT 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437 PROGRAM TYPE: ICF/IID License Exp Dt: 10/03/2018 Owner Information BEXAR COUNTY HOME CARE INC PO BOX 100347 SAN ANTONIO TX PHONE: (210) 661-6262 PROGRAM TYPE: ICF/IID	78214 FAX: (210) 922-6006 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 78201 FAX: (210) 661-2620 SERVICE TYPE PRIVATELY OWNED
Facility Information: COVENANT HOME 131 BURR RD SAN ANTONIO Phone (210) 828-1424 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: CRATER LAKE HOME 5707 CRATER LAKE SAN ANTONIO Phone (210) 447-7233 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: CYPRESS HOLLOW	TX Facility ID:	78209	(210) 828-1246 0 0 0 Reg Svcs: (210) 661-2620 0 0	ICF/IID: 10 TEAM ICF-IID ICF/IID: 6	MISSION ROAD DEVELOPMENTAL CENT 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437 PROGRAM TYPE: ICF/IID License Exp Dt: 10/03/2018 Owner Information BEXAR COUNTY HOME CARE INC PO BOX 100347 SAN ANTONIO TX PHONE: (210) 661-6262 PROGRAM TYPE: ICF/IID License Exp Dt: 04/08/2017	78214 FAX: (210) 922-6006 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 78201 FAX: (210) 661-2620 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: COVENANT HOME 131 BURR RD SAN ANTONIO Phone (210) 828-1424 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: CRATER LAKE HOME 5707 CRATER LAKE SAN ANTONIO Phone (210) 447-7233 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: CYPRESS HOLLOW 13811 CYPRESS HOLLOW	TX Facility ID: TX Facility ID:	78209	(210) 828-1246 0 0 0 Reg Svcs: (210) 661-2620 0 0	ICF/IID: 10 TEAM ICF-IID ICF/IID: 6	MISSION ROAD DEVELOPMENTAL CENT 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437 PROGRAM TYPE: ICF/IID License Exp Dt: 10/03/2018 Owner Information BEXAR COUNTY HOME CARE INC PO BOX 100347 SAN ANTONIO TX PHONE: (210) 661-6262 PROGRAM TYPE: ICF/IID License Exp Dt: 04/08/2017 Owner Information	78214 FAX: (210) 922-6006 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 78201 FAX: (210) 661-2620 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: COVENANT HOME 131 BURR RD SAN ANTONIO Phone (210) 828-1424 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: CRATER LAKE HOME 5707 CRATER LAKE SAN ANTONIO Phone (210) 447-7233 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: CYPRESS HOLLOW	TX Facility ID:	78209	(210) 828-1246 0 0 0 Reg Svcs: (210) 661-2620 0 0	ICF/IID: 10 TEAM ICF-IID ICF/IID: 6	MISSION ROAD DEVELOPMENTAL CENT 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437 PROGRAM TYPE: ICF/IID License Exp Dt: 10/03/2018 Owner Information BEXAR COUNTY HOME CARE INC PO BOX 100347 SAN ANTONIO TX PHONE: (210) 661-6262 PROGRAM TYPE: ICF/IID License Exp Dt: 04/08/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORT	78214 FAX: (210) 922-6006 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 78201 FAX: (210) 661-2620 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: COVENANT HOME 131 BURR RD SAN ANTONIO Phone (210) 828-1424 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: CRATER LAKE HOME 5707 CRATER LAKE SAN ANTONIO Phone (210) 447-7233 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: CYPRESS HOLLOW 13811 CYPRESS HOLLOW SAN ANTONIO Phone (210) 491-0903	TX Facility ID: TX Facility ID:	78209	(210) 828-1246 0 0 0 Reg Svcs: (210) 661-2620 0 0 0	ICF/IID: 10 TEAM ICF-IID ICF/IID: 6	MISSION ROAD DEVELOPMENTAL CENT 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437 PROGRAM TYPE: ICF/IID License Exp Dt: 10/03/2018 Owner Information BEXAR COUNTY HOME CARE INC PO BOX 100347 SAN ANTONIO TX PHONE: (210) 661-6262 PROGRAM TYPE: ICF/IID License Exp Dt: 04/08/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORATION RD	78214 FAX: (210) 922-6006 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 78201 FAX: (210) 661-2620 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: COVENANT HOME 131 BURR RD SAN ANTONIO Phone (210) 828-1424 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: CRATER LAKE HOME 5707 CRATER LAKE SAN ANTONIO Phone (210) 447-7233 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: CYPRESS HOLLOW 13811 CYPRESS HOLLOW SAN ANTONIO Phone (210) 491-0903 TOTAL Lic Capacity: 0	TX Facility ID: TX Facility ID:	78209	(210) 828-1246 0 0 0 Reg Svcs: (210) 661-2620 0 0 0 Reg Svcs:	ICF/IID: 10 TEAM ICF-IID ICF/IID: 6	MISSION ROAD DEVELOPMENTAL CENT 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437 PROGRAM TYPE: ICF/IID License Exp Dt: 10/03/2018 Owner Information BEXAR COUNTY HOME CARE INC PO BOX 100347 SAN ANTONIO TX PHONE: (210) 661-6262 PROGRAM TYPE: ICF/IID License Exp Dt: 04/08/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORATION RD LOUISVILLE KY	78214 FAX: (210) 922-6006 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 78201 FAX: (210) 661-2620 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO RATION - TEXAS 40223
Facility Information: COVENANT HOME 131 BURR RD SAN ANTONIO Phone (210) 828-1424 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: CRATER LAKE HOME 5707 CRATER LAKE SAN ANTONIO Phone (210) 447-7233 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: CYPRESS HOLLOW 13811 CYPRESS HOLLOW SAN ANTONIO Phone (210) 491-0903	TX Facility ID: TX Facility ID:	78209	(210) 828-1246 0 0 0 Reg Svcs: (210) 661-2620 0 0 0 Reg Svcs:	ICF/IID: 10 TEAM ICF-IID ICF/IID: 6	MISSION ROAD DEVELOPMENTAL CENT 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437 PROGRAM TYPE: ICF/IID License Exp Dt: 10/03/2018 Owner Information BEXAR COUNTY HOME CARE INC PO BOX 100347 SAN ANTONIO TX PHONE: (210) 661-6262 PROGRAM TYPE: ICF/IID License Exp Dt: 04/08/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORATION RD LOUISVILLE KY PHONE: (502) 394-2100	78214 FAX: (210) 922-6006 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 78201 FAX: (210) 661-2620 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO RATION - TEXAS 40223 FAX: (502) 394-2285

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County BEXAR			Reg Svcs	S: TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	007449			Owner Information	
DAWNWOOD					R & K SPECIALIZED HOMES INC	
8358 DAWNWOOD SAN ANTONIO	TX	78250			1550 NE LOOP 410	,STE 206
Phone (210) 521-5253		Fax			SAN ANTONIO TX	78209
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (210) 805-0802	FAX: (210) 805-0744
Cert Alzh Capacity: 0		TITLE19:		•	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 08/05/2018	
County BEXAR			Reg Svcs	s: TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	104356			Owner Information	
EDUCARE COMMUNITY LIVI	NG CORPORA	TION - TEXAS			EDUCARE COMMUNITY LIVING CORP	ORATION - TEXAS
3015 FALL WAY SAN ANTONIO	TX	78247			9901 LINN STATION RD	
Phone (210) 499-1282		Fax			LOUISVILLE KY	40223
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE: (502) 394-2100	FAX : (502) 394-2285
Cert Alzh Capacity: 0		TITLE 19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 03/03/2017	
County BEXAR			Reg Svcs	s: TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	104357	ney ove	5. I LAW IOF-IID	Owner Information	Negion 00 - SAN ANTONIO
EDUCARE COMMUNITY LIVI	•				EDUCARE COMMUNITY LIVING CORP	ORATION - TEXAS
2114 OAK CREEK		70000			9901 LINN STATION RD	
SAN ANTONIO Phone (210) 491-4448	TX	78232 Fax			LOUISVILLE KY	40223
• •			•	IOF/IID C	PHONE : (502) 394-2100	FAX : (502) 394-2285
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0		TITLE 18: TITLE19:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 04/14/2017	
THE BCGS. 0		111LL 10/13.	0		CICCIISC EXP Dt. 04/14/2017	
County BEXAR	Facility ID:	104250	Reg Svcs	S: TEAM ICF-IID	Owner Information	Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	104350	Reg Svcs	S: TEAM ICF-IID	Owner Information	·
•	•		Reg Svcs	s: TEAM ICF-IID	EDUCARE COMMUNITY LIVING CORP	·
Facility Information: EDUCARE COMMUNITY LIVI 2531 GREAT OAKS DRIVE SAN ANTONIO	•	TION-TEXAS 78232	Reg Svcs	s: TEAM ICF-IID		·
Facility Information: EDUCARE COMMUNITY LIVI 2531 GREAT OAKS DRIVE SAN ANTONIO Phone (210) 491-5977	NG CORPORA	TION-TEXAS	Reg Svo		EDUCARE COMMUNITY LIVING CORP 9901 LINN STATION RD LOUISVILLE KY	ORATION - TEXAS 40223
Facility Information: EDUCARE COMMUNITY LIVI 2531 GREAT OAKS DRIVE SAN ANTONIO Phone (210) 491-5977 TOTAL Lic Capacity: 0	NG CORPORA	78232 Fax TITLE 18:	0	S: TEAM ICF-IID ICF/IID: 6	EDUCARE COMMUNITY LIVING CORP 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100	ORATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: EDUCARE COMMUNITY LIVI 2531 GREAT OAKS DRIVE SAN ANTONIO Phone (210) 491-5977 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	NG CORPORA	78232 Fax TITLE 18: TITLE19:	0 0		EDUCARE COMMUNITY LIVING CORP 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	ORATION - TEXAS 40223
Facility Information: EDUCARE COMMUNITY LIVI 2531 GREAT OAKS DRIVE SAN ANTONIO Phone (210) 491-5977 TOTAL Lic Capacity: 0	NG CORPORA	78232 Fax TITLE 18: TITLE19:	0		EDUCARE COMMUNITY LIVING CORP 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100	ORATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: EDUCARE COMMUNITY LIVI 2531 GREAT OAKS DRIVE SAN ANTONIO Phone (210) 491-5977 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR	NG CORPORA	78232 Fax TITLE 18: TITLE 19: TITLE 18/19:	0 0	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORP 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 12/09/2018	ORATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: EDUCARE COMMUNITY LIVI 2531 GREAT OAKS DRIVE SAN ANTONIO Phone (210) 491-5977 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information:	NG CORPORA TX Facility ID:	78232 Fax TITLE 18: TITLE 19: TITLE 18/19:	0 0 0	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORP 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 12/09/2018 Owner Information	ORATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: EDUCARE COMMUNITY LIVI 2531 GREAT OAKS DRIVE SAN ANTONIO Phone (210) 491-5977 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR	NG CORPORA TX Facility ID:	78232 Fax TITLE 18: TITLE 19: TITLE 18/19:	0 0 0	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORP 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 12/09/2018 Owner Information EDUCARE COMMUNITY LIVING CORP	ORATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: EDUCARE COMMUNITY LIVI 2531 GREAT OAKS DRIVE SAN ANTONIO Phone (210) 491-5977 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: EDUCARE COMMUNITY LIVI	NG CORPORA TX Facility ID:	78232 Fax TITLE 18: TITLE 19: TITLE 18/19:	0 0 0	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORP 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 12/09/2018 Owner Information EDUCARE COMMUNITY LIVING CORP 9901 LINN STATION RD	ORATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO ORATION - TEXAS
Facility Information: EDUCARE COMMUNITY LIVI 2531 GREAT OAKS DRIVE SAN ANTONIO Phone (210) 491-5977 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: EDUCARE COMMUNITY LIVI 3003 PEBBLE TRAIL	TX Facility ID: NG CORPORA	78232 Fax TITLE 18: TITLE 19: TITLE 18/19: 104351 TION-TEXAS	0 0 0	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORP 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 12/09/2018 Owner Information EDUCARE COMMUNITY LIVING CORP 9901 LINN STATION RD LOUISVILLE KY	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO ORATION - TEXAS 40223
Facility Information: EDUCARE COMMUNITY LIVI 2531 GREAT OAKS DRIVE SAN ANTONIO Phone (210) 491-5977 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: EDUCARE COMMUNITY LIVI 3003 PEBBLE TRAIL SAN ANTONIO Phone (210) 494-4560 TOTAL Lic Capacity: 0	TX Facility ID: NG CORPORA	TION-TEXAS 78232 Fax TITLE 18: TITLE 18/19: 104351 TION-TEXAS 78232 Fax TITLE 18:	0 0 0 Reg Svcs	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORP 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 12/09/2018 Owner Information EDUCARE COMMUNITY LIVING CORP 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO ORATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: EDUCARE COMMUNITY LIVI 2531 GREAT OAKS DRIVE SAN ANTONIO Phone (210) 491-5977 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: EDUCARE COMMUNITY LIVI 3003 PEBBLE TRAIL SAN ANTONIO Phone (210) 494-4560 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID: NG CORPORA	TION-TEXAS 78232 Fax TITLE 18: TITLE 19: 104351 TION-TEXAS 78232 Fax TITLE 18: TITLE 18: TITLE 19:	0 0 0 Reg Svcs	ICF/IID: 6 s: TEAM ICF-IID	EDUCARE COMMUNITY LIVING CORP 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 12/09/2018 Owner Information EDUCARE COMMUNITY LIVING CORP 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO ORATION - TEXAS 40223
Facility Information: EDUCARE COMMUNITY LIVI 2531 GREAT OAKS DRIVE SAN ANTONIO Phone (210) 491-5977 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: EDUCARE COMMUNITY LIVI 3003 PEBBLE TRAIL SAN ANTONIO Phone (210) 494-4560 TOTAL Lic Capacity: 0	TX Facility ID: NG CORPORA	TION-TEXAS 78232 Fax TITLE 18: TITLE 18/19: 104351 TION-TEXAS 78232 Fax TITLE 18:	0 0 0 Reg Svcs	ICF/IID: 6 s: TEAM ICF-IID	EDUCARE COMMUNITY LIVING CORP 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 12/09/2018 Owner Information EDUCARE COMMUNITY LIVING CORP 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO ORATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: EDUCARE COMMUNITY LIVI 2531 GREAT OAKS DRIVE SAN ANTONIO Phone (210) 491-5977 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: EDUCARE COMMUNITY LIVI 3003 PEBBLE TRAIL SAN ANTONIO Phone (210) 494-4560 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID: NG CORPORA	TION-TEXAS 78232 Fax TITLE 18: TITLE 19: 104351 TION-TEXAS 78232 Fax TITLE 18: TITLE 18: TITLE 19:	0 0 0 Reg Svcs	ICF/IID: 6 S: TEAM ICF-IID ICF/IID: 6	EDUCARE COMMUNITY LIVING CORP 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 12/09/2018 Owner Information EDUCARE COMMUNITY LIVING CORP 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO ORATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: EDUCARE COMMUNITY LIVI 2531 GREAT OAKS DRIVE SAN ANTONIO Phone (210) 491-5977 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: EDUCARE COMMUNITY LIVI 3003 PEBBLE TRAIL SAN ANTONIO Phone (210) 494-4560 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information:	Facility ID: TX Facility ID: TX Facility ID:	TION-TEXAS 78232 Fax TITLE 18: TITLE 19: 104351 TION-TEXAS 78232 Fax TITLE 18: TITLE 18: TITLE 19:	0 0 0 Reg Svcs	ICF/IID: 6 S: TEAM ICF-IID ICF/IID: 6	EDUCARE COMMUNITY LIVING CORP 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 12/09/2018 Owner Information EDUCARE COMMUNITY LIVING CORP 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 05/11/2017 Owner Information	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO ORATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: EDUCARE COMMUNITY LIVI 2531 GREAT OAKS DRIVE SAN ANTONIO Phone (210) 491-5977 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: EDUCARE COMMUNITY LIVI 3003 PEBBLE TRAIL SAN ANTONIO Phone (210) 494-4560 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: ESENHAUER GROUP HOME	Facility ID: TX Facility ID: TX Facility ID:	TION-TEXAS 78232 Fax TITLE 18: TITLE 18/19: 104351 TION-TEXAS 78232 Fax TITLE 18: TITLE 18: TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	0 0 0 Reg Svcs	ICF/IID: 6 S: TEAM ICF-IID ICF/IID: 6	EDUCARE COMMUNITY LIVING CORP 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 12/09/2018 Owner Information EDUCARE COMMUNITY LIVING CORP 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 05/11/2017 Owner Information BEXAR CO BOARD OF TRUSTEES MH	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO ORATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
Facility Information: EDUCARE COMMUNITY LIVI 2531 GREAT OAKS DRIVE SAN ANTONIO Phone (210) 491-5977 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: EDUCARE COMMUNITY LIVI 3003 PEBBLE TRAIL SAN ANTONIO Phone (210) 494-4560 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information:	Facility ID: TX Facility ID: TX Facility ID:	TION-TEXAS 78232 Fax TITLE 18: TITLE 18/19: 104351 TION-TEXAS 78232 Fax TITLE 18: TITLE 18: TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	0 0 0 Reg Svcs	ICF/IID: 6 S: TEAM ICF-IID ICF/IID: 6	EDUCARE COMMUNITY LIVING CORP 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 12/09/2018 Owner Information EDUCARE COMMUNITY LIVING CORP 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 05/11/2017 Owner Information BEXAR CO BOARD OF TRUSTEES MH 3031 IH 10 WEST	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO ORATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO Region 08 - SAN ANTONIO MR SVCS DBA THE CTR FOR HC SVCS
Facility Information: EDUCARE COMMUNITY LIVI 2531 GREAT OAKS DRIVE SAN ANTONIO Phone (210) 491-5977 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: EDUCARE COMMUNITY LIVI 3003 PEBBLE TRAIL SAN ANTONIO Phone (210) 494-4560 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: ESENHAUER GROUP HOME 2927 EISENHAUER ROAD	Facility ID: Facility ID: Facility ID:	TION-TEXAS 78232 Fax TITLE 18: TITLE 18/19: 104351 TION-TEXAS 78232 Fax TITLE 18: TITLE 18/19:	0 0 0 Reg Svcs	ICF/IID: 6 S: TEAM ICF-IID ICF/IID: 6	EDUCARE COMMUNITY LIVING CORP 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 12/09/2018 Owner Information EDUCARE COMMUNITY LIVING CORP 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 05/11/2017 Owner Information BEXAR CO BOARD OF TRUSTEES MH 3031 IH 10 WEST SAN ANTONIO TX	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO ORATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO MR SVCS DBA THE CTR FOR HC SVCS 78201
Facility Information: EDUCARE COMMUNITY LIVI 2531 GREAT OAKS DRIVE SAN ANTONIO Phone (210) 491-5977 TOTAL Lic Capacity: 0	Facility ID: Facility ID: Facility ID:	78232	0 0 0 Reg Svcs	ICF/IID: 6 S: TEAM ICF-IID ICF/IID: 6	EDUCARE COMMUNITY LIVING CORP 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 12/09/2018 Owner Information EDUCARE COMMUNITY LIVING CORP 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 05/11/2017 Owner Information BEXAR CO BOARD OF TRUSTEES MH 3031 IH 10 WEST SAN ANTONIO TX PHONE:	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO ORATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO MR SVCS DBA THE CTR FOR HC SVCS 78201 FAX:
Facility Information: EDUCARE COMMUNITY LIVI 2531 GREAT OAKS DRIVE SAN ANTONIO Phone (210) 491-5977 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: EDUCARE COMMUNITY LIVI 3003 PEBBLE TRAIL SAN ANTONIO Phone (210) 494-4560 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: EISENHAUER GROUP HOME 2927 EISENHAUER ROAD SAN ANTONIO Phone (210) 659-5857	Facility ID: Facility ID: Facility ID:	78232	0 0 0 Reg Svcs	ICF/IID: 6 S: TEAM ICF-IID ICF/IID: 6 S: TEAM ICF-IID	EDUCARE COMMUNITY LIVING CORP 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 12/09/2018 Owner Information EDUCARE COMMUNITY LIVING CORP 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 05/11/2017 Owner Information BEXAR CO BOARD OF TRUSTEES MH 3031 IH 10 WEST SAN ANTONIO TX	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO ORATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO MR SVCS DBA THE CTR FOR HC SVCS 78201

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County BEXAR			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	007208			Owner Information	
EL DORADO ADULT LIVING	CENTER				SPECIALIZED HOME LIFE	
12302 GRAN VISTA SAN ANTONIO	TX	78233			PO BOX 33487	
Phone (210) 599-8656		Fax	(210) 599-8656		SAN ANTONIO TX	78265
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (210) 599-8656	FAX : (210) 599-8656
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 10/26/2017	
County BEXAR			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	003662			Owner Information	
ENCINO VALLEY					EDUCARE COMMUNITY LIVING CORPO	DRATION - TEXAS
1906 ENCINO VALLEY SAN ANTONIO	TX	78259			9901 LINN STATION RD	
Phone (210) 497-8162		Fax			LOUISVILLE KY	40223
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (502) 394-2100	FAX : (502) 394-2285
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 04/20/2018	
County BEXAR			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	007415	•		Owner Information	
FEATHER RIDGE					SOUTH TEXAS COMMUNITY LIVING CO	DRP
13055 FEATHER RIDGE SAN ANTONIO	TX	78233			18 AUGUSTA PINES DR	,STE 140 E
Phone (210) 599-8965		Fax	(210) 494-7228		SPRING TX	77389
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (281) 351-1758	FAX : (210) 255-4500
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 03/01/2018	
-						
County BEXAR			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
County BEXAR Facility Information:	Facility ID:	007467	Reg Svcs:	TEAM ICF-IID	Owner Information	Region 08 - SAN ANTONIO
Facility Information:	•	007467	Reg Svcs:	TEAM ICF-IID	Owner Information SOUTH TEXAS COMMUNITY LIVING CO	·
Facility Information: FLORAL WAY COMMUNITY I 2934 FLORAL WAY	HOME		Reg Svcs:	TEAM ICF-IID		·
Facility Information:	•	007467 78247 Fax	Reg Svcs:	TEAM ICF-IID	SOUTH TEXAS COMMUNITY LIVING CO	DRP
Facility Information: FLORAL WAY COMMUNITY F 2934 FLORAL WAY SAN ANTONIO Phone (210) 402-1267	HOME	78247 Fax	(210) 494-7228		SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR	ORP ,STE 140 E
Facility Information: FLORAL WAY COMMUNITY F 2934 FLORAL WAY SAN ANTONIO	HOME	78247	(210) 494-7228 0	TEAM ICF-IID ICF/IID: 6	SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX	ORP ,STE 140 E 77389
Facility Information: FLORAL WAY COMMUNITY II 2934 FLORAL WAY SAN ANTONIO Phone (210) 402-1267 TOTAL Lic Capacity: 0	HOME	78247 Fax TITLE 18:	(210) 494-7228 0 0		SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758	ORP ,STE 140 E 77389 FAX: (210) 255-4500
Facility Information: FLORAL WAY COMMUNITY F 2934 FLORAL WAY SAN ANTONIO Phone (210) 402-1267 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	HOME	78247 Fax TITLE 18: TITLE19:	(210) 494-7228 0 0		SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID	ORP ,STE 140 E 77389 FAX: (210) 255-4500
Facility Information: FLORAL WAY COMMUNITY F 2934 FLORAL WAY SAN ANTONIO Phone (210) 402-1267 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	HOME	78247 Fax TITLE 18: TITLE19:	(210) 494-7228 0 0	ICF/IID: 6	SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID	ORP ,STE 140 E 77389 FAX: (210) 255-4500 SERVICE TYPE PRIVATELY OWNED
Facility Information: FLORAL WAY COMMUNITY F 2934 FLORAL WAY SAN ANTONIO Phone (210) 402-1267 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: FOREST NIGHT HOME	HOME TX	78247 Fax TITLE 18: TITLE19: TITLE 18/19:	(210) 494-7228 0 0	ICF/IID: 6	SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018	ORP ,STE 140 E 77389 FAX: (210) 255-4500 SERVICE TYPE PRIVATELY OWNED
Facility Information: FLORAL WAY COMMUNITY F 2934 FLORAL WAY SAN ANTONIO Phone (210) 402-1267 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: FOREST NIGHT HOME 11209 FOREST NIGHT	TX Facility ID:	78247 Fax TITLE 18: TITLE19: TITLE 18/19:	(210) 494-7228 0 0	ICF/IID: 6	SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information	ORP ,STE 140 E ,77389 FAX: (210) 255-4500 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: FLORAL WAY COMMUNITY F 2934 FLORAL WAY SAN ANTONIO Phone (210) 402-1267 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: FOREST NIGHT HOME	HOME TX	78247 Fax TITLE 18: TITLE19: TITLE 18/19:	(210) 494-7228 0 0	ICF/IID: 6	SOUTH TEXAS COMMUNITY LIVING CO. 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information BEXAR COUNTY HOME CARE INC	ORP ,STE 140 E 77389 FAX: (210) 255-4500 SERVICE TYPE PRIVATELY OWNED
Facility Information: FLORAL WAY COMMUNITY F 2934 FLORAL WAY SAN ANTONIO Phone (210) 402-1267 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: FOREST NIGHT HOME 11209 FOREST NIGHT SAN ANTONIO	TX Facility ID:	78247	(210) 494-7228 0 0 0 Reg Svcs:	ICF/IID: 6	SOUTH TEXAS COMMUNITY LIVING CO. 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information BEXAR COUNTY HOME CARE INC PO BOX 100347	ORP ,STE 140 E ,77389 FAX: (210) 255-4500 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: FLORAL WAY COMMUNITY F. 2934 FLORAL WAY SAN ANTONIO Phone (210) 402-1267 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: FOREST NIGHT HOME 11209 FOREST NIGHT SAN ANTONIO Phone (210) 599-7441	TX Facility ID:	78247	(210) 494-7228 0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID	SOUTH TEXAS COMMUNITY LIVING CO	RP ,STE 140 E ,77389 FAX: (210) 255-4500 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: FLORAL WAY COMMUNITY F. 2934 FLORAL WAY SAN ANTONIO Phone (210) 402-1267 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: FOREST NIGHT HOME 11209 FOREST NIGHT SAN ANTONIO Phone (210) 599-7441 TOTAL Lic Capacity: 0	TX Facility ID:	78247	(210) 494-7228 0 0 0 Reg Svcs: (210) 661-2620 0	ICF/IID: 6 TEAM ICF-IID	SOUTH TEXAS COMMUNITY LIVING CO. 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information BEXAR COUNTY HOME CARE INC PO BOX 100347 SAN ANTONIO TX PHONE: (210) 661-6262	PRP ,STE 140 E ,77389 FAX: (210) 255-4500 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 78201 FAX: (210) 661-2620
Facility Information: FLORAL WAY COMMUNITY F. 2934 FLORAL WAY SAN ANTONIO Phone (210) 402-1267 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: FOREST NIGHT HOME 11209 FOREST NIGHT SAN ANTONIO Phone (210) 599-7441 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	78247	(210) 494-7228 0 0 0 Reg Svcs: (210) 661-2620 0	ICF/IID: 6 TEAM ICF-IID	SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information BEXAR COUNTY HOME CARE INC PO BOX 100347 SAN ANTONIO TX PHONE: (210) 661-6262 PROGRAM TYPE: ICF/IID	PRP ,STE 140 E ,77389 FAX: (210) 255-4500 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 78201 FAX: (210) 661-2620
Facility Information: FLORAL WAY COMMUNITY F 2934 FLORAL WAY SAN ANTONIO Phone (210) 402-1267 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: FOREST NIGHT HOME 11209 FOREST NIGHT SAN ANTONIO Phone (210) 599-7441 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	78247	(210) 494-7228 0 0 0 Reg Svcs: (210) 661-2620 0 0	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information BEXAR COUNTY HOME CARE INC PO BOX 100347 SAN ANTONIO TX PHONE: (210) 661-6262 PROGRAM TYPE: ICF/IID	REGION 08 - SAN ANTONIO 78201 FAX: (210) 255-4500 SERVICE TYPE PRIVATELY OWNED 78201 FAX: (210) 661-2620 SERVICE TYPE PRIVATELY OWNED
Facility Information: FLORAL WAY COMMUNITY FILE SAN ANTONIO Phone (210) 402-1267 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: FOREST NIGHT HOME 11209 FOREST NIGHT SAN ANTONIO Phone (210) 599-7441 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: FOREST NIGHT HOME 11209 FOREST NIGHT SAN ANTONIO Phone (210) 599-7441 TOTAL Lic Capacity: 0 County BEXAR Facility Information: FOUNTAIN LAKE	TX Facility ID:	78247	(210) 494-7228 0 0 0 Reg Svcs: (210) 661-2620 0 0	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information BEXAR COUNTY HOME CARE INC PO BOX 100347 SAN ANTONIO TX PHONE: (210) 661-6262 PROGRAM TYPE: ICF/IID License Exp Dt: 05/01/2018	RP ,STE 140 E
Facility Information: FLORAL WAY COMMUNITY F. 2934 FLORAL WAY SAN ANTONIO Phone (210) 402-1267 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: FOREST NIGHT HOME 11209 FOREST NIGHT SAN ANTONIO Phone (210) 599-7441 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: FOREST NIGHT SAN ANTONIO Phone (210) 599-7441 TOTAL Lic Capacity: 0 County BEXAR Facility Information: FOUNTAIN LAKE 5227 FOUNTAIN LAKE	TX Facility ID: TX Facility ID:	78247	(210) 494-7228 0 0 0 Reg Svcs: (210) 661-2620 0 0	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information BEXAR COUNTY HOME CARE INC PO BOX 100347 SAN ANTONIO TX PHONE: (210) 661-6262 PROGRAM TYPE: ICF/IID License Exp Dt: 05/01/2018 Owner Information SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR	PRP ,STE 140 E
Facility Information: FLORAL WAY COMMUNITY F. 2934 FLORAL WAY SAN ANTONIO Phone (210) 402-1267 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: FOREST NIGHT HOME 11209 FOREST NIGHT SAN ANTONIO Phone (210) 599-7441 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: FOREST NIGHT SAN ANTONIO Phone (210) 599-7441	TX Facility ID:	78247	(210) 494-7228 0 0 0 Reg Svcs: (210) 661-2620 0 0	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information BEXAR COUNTY HOME CARE INC PO BOX 100347 SAN ANTONIO TX PHONE: (210) 661-6262 PROGRAM TYPE: ICF/IID License Exp Dt: 05/01/2018 Owner Information SOUTH TEXAS COMMUNITY LIVING CO	RP ,STE 140 E
Facility Information: FLORAL WAY COMMUNITY F 2934 FLORAL WAY SAN ANTONIO Phone (210) 402-1267 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: FOREST NIGHT HOME 11209 FOREST NIGHT SAN ANTONIO Phone (210) 599-7441 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: FOUNTAIN LAKE 5227 FOUNTAIN LAKE SAN ANTONIO Phone (210) 662-7076	TX Facility ID: TX Facility ID:	78247	(210) 494-7228 0 0 0 Reg Svcs: (210) 661-2620 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6 TEAM ICF-IID	SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information BEXAR COUNTY HOME CARE INC PO BOX 100347 SAN ANTONIO TX PHONE: (210) 661-6262 PROGRAM TYPE: ICF/IID License Exp Dt: 05/01/2018 Owner Information SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR	PRP ,STE 140 E
Facility Information: FLORAL WAY COMMUNITY F 2934 FLORAL WAY SAN ANTONIO Phone (210) 402-1267 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: FOREST NIGHT HOME 11209 FOREST NIGHT SAN ANTONIO Phone (210) 599-7441 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: FOREST NIGHT HOME 11209 FOREST NIGHT SAN ANTONIO Phone (210) 599-7441 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: FOUNTAIN LAKE 5227 FOUNTAIN LAKE SAN ANTONIO	TX Facility ID: TX Facility ID:	78247	(210) 494-7228 0 0 0 Reg Svcs: (210) 661-2620 0 0 0 Reg Svcs: (210) 494-7228	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information BEXAR COUNTY HOME CARE INC PO BOX 100347 SAN ANTONIO TX PHONE: (210) 661-6262 PROGRAM TYPE: ICF/IID License Exp Dt: 05/01/2018 Owner Information SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX	RP ,STE 140 E

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County BEXAR			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	101796			Owner Information	
GRANADA 106 GRANADA					EDUCARE COMMUNITY LIVING CORPO	DRATION - TEXAS
SAN ANTONIO	TX	78216			9901 LINN STATION RD LOUISVILLE KY	40223
Phone (210) 438-9338		Fax	(210) 558-9791			
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	(, , , , , , , , , , , , , , , , , , ,	(**) **
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 11/01/2017	
County BEXAR			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	007364			Owner Information	DATION TEVAS
GREEN RUN 2947 GREEN RUN					EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD	DRATION - TEXAS
SAN ANTONIO	TX	78231-1612			LOUISVILLE KY	40223
Phone (210) 493-9079		Fax			PHONE : (502) 394-2100	FAX : (502) 394-2285
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:				SERVICE THE THAT WEET STILLED
PRIVATE Beds: 0		TITLE 18/19:	U		License Exp Dt: 01/30/2018	
County BEXAR		007000	Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information: HALCYON IN THE HEIGHTS	Facility ID:	007399			Owner Information R & K SPECIALIZED HOMES INC	
236 HALCYON					1550 NE LOOP 410	,STE 206
SAN ANTONIO	TX	78209	(040) 005 0744		SAN ANTONIO TX	78209
Phone (210) 805-0885		Fax	(210) 805-0744		PHONE : (210) 805-0802	FAX : (210) 805-0744
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0		TITLE 18: TITLE19:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 04/29/2018	
					21001100 2AP 241 0 1/20/2010	
0			5 0	TEAL 105 UD		D : 00 041141T01110
County BEXAR	Facility ID:	007465	Reg Svcs:	TEAM ICF-IID	Owner Information	Region 08 - SAN ANTONIO
County BEXAR Facility Information: HATHAWAY HOME	Facility ID:	007465	Reg Svcs:	TEAM ICF-IID	Owner Information BEXAR COUNTY HOME CARE INC	Region 08 - SAN ANTONIO
Facility Information: HATHAWAY HOME 211 W HATHAWAY	-		Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information: HATHAWAY HOME 211 W HATHAWAY SAN ANTONIO	Facility ID:	78209		TEAM ICF-IID	BEXAR COUNTY HOME CARE INC	Region 08 - SAN ANTONIO 78201
Facility Information: HATHAWAY HOME 211 W HATHAWAY SAN ANTONIO Phone (210) 822-7829	-	78209 Fax	(210) 661-2620		BEXAR COUNTY HOME CARE INC PO BOX 100347	·
Facility Information: HATHAWAY HOME 211 W HATHAWAY SAN ANTONIO	-	78209	(210) 661-2620 0	TEAM ICF-IID ICF/IID: 6	BEXAR COUNTY HOME CARE INC PO BOX 100347 SAN ANTONIO TX	78201
Facility Information: HATHAWAY HOME 211 W HATHAWAY SAN ANTONIO Phone (210) 822-7829 TOTAL Lic Capacity: 0	-	78209 Fax TITLE 18:	(210) 661-2620 0		BEXAR COUNTY HOME CARE INC PO BOX 100347 SAN ANTONIO TX PHONE: (210) 661-6262	78201 FAX: (210) 661-2620
Facility Information: HATHAWAY HOME 211 W HATHAWAY SAN ANTONIO Phone (210) 822-7829 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	-	78209 Fax TITLE 18: TITLE19:	(210) 661-2620 0 0	ICF/IID: 6	BEXAR COUNTY HOME CARE INC PO BOX 100347 SAN ANTONIO TX PHONE: (210) 661-6262 PROGRAM TYPE: ICF/IID	78201 FAX: (210) 661-2620 SERVICE TYPE PRIVATELY OWNED
Facility Information: HATHAWAY HOME 211 W HATHAWAY SAN ANTONIO Phone (210) 822-7829 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	-	78209 Fax TITLE 18: TITLE19:	(210) 661-2620 0		BEXAR COUNTY HOME CARE INC PO BOX 100347 SAN ANTONIO TX PHONE: (210) 661-6262 PROGRAM TYPE: ICF/IID	78201 FAX: (210) 661-2620
Facility Information: HATHAWAY HOME 211 W HATHAWAY SAN ANTONIO Phone (210) 822-7829 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR	TX	78209 Fax TITLE 18: TITLE19: TITLE 18/19:	(210) 661-2620 0 0	ICF/IID: 6	BEXAR COUNTY HOME CARE INC PO BOX 100347 SAN ANTONIO TX PHONE: (210) 661-6262 PROGRAM TYPE: ICF/IID License Exp Dt: 09/22/2017	78201 FAX: (210) 661-2620 SERVICE TYPE PRIVATELY OWNED
Facility Information: HATHAWAY HOME 211 W HATHAWAY SAN ANTONIO Phone (210) 822-7829 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: HEREFORD HOUSE 14433 HEREFORD	TX	78209 Fax TITLE 18: TITLE19: TITLE 18/19:	(210) 661-2620 0 0	ICF/IID: 6	BEXAR COUNTY HOME CARE INC PO BOX 100347 SAN ANTONIO TX PHONE: (210) 661-6262 PROGRAM TYPE: ICF/IID License Exp Dt: 09/22/2017 Owner Information AUTISTIC TREATMENT CENTER INC 10503 METRIC DR	78201 FAX: (210) 661-2620 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: HATHAWAY HOME 211 W HATHAWAY SAN ANTONIO Phone (210) 822-7829 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: HEREFORD HOUSE	TX Facility ID:	78209 Fax TITLE 18: TITLE19: TITLE 18/19:	(210) 661-2620 0 0	ICF/IID: 6	BEXAR COUNTY HOME CARE INC PO BOX 100347 SAN ANTONIO TX PHONE: (210) 661-6262 PROGRAM TYPE: ICF/IID License Exp Dt: 09/22/2017 Owner Information AUTISTIC TREATMENT CENTER INC	78201 FAX: (210) 661-2620 SERVICE TYPE PRIVATELY OWNED
Facility Information: HATHAWAY HOME 211 W HATHAWAY SAN ANTONIO Phone (210) 822-7829 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: HEREFORD HOUSE 14433 HEREFORD SAN ANTONIO	TX Facility ID:	78209 Fax TITLE 18: TITLE 19: TITLE 18/19: 007256	(210) 661-2620 0 0 0 Reg Svcs:	ICF/IID: 6	BEXAR COUNTY HOME CARE INC PO BOX 100347 SAN ANTONIO TX PHONE: (210) 661-6262 PROGRAM TYPE: ICF/IID License Exp Dt: 09/22/2017 Owner Information AUTISTIC TREATMENT CENTER INC 10503 METRIC DR	78201 FAX: (210) 661-2620 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: HATHAWAY HOME 211 W HATHAWAY SAN ANTONIO Phone (210) 822-7829 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: HEREFORD HOUSE 14433 HEREFORD SAN ANTONIO Phone (210) 590-2107	TX Facility ID:	78209	(210) 661-2620 0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID	BEXAR COUNTY HOME CARE INC PO BOX 100347 SAN ANTONIO TX PHONE: (210) 661-6262 PROGRAM TYPE: ICF/IID License Exp Dt: 09/22/2017 Owner Information AUTISTIC TREATMENT CENTER INC 10503 METRIC DR DALLAS TX	78201 FAX: (210) 661-2620 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: HATHAWAY HOME 211 W HATHAWAY SAN ANTONIO Phone (210) 822-7829 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: HEREFORD HOUSE 14433 HEREFORD SAN ANTONIO Phone (210) 590-2107 TOTAL Lic Capacity: 0	TX Facility ID:	78209	(210) 661-2620 0 0 0 Reg Svcs: (210) 590-3143 0	ICF/IID: 6 TEAM ICF-IID	BEXAR COUNTY HOME CARE INC PO BOX 100347 SAN ANTONIO TX PHONE: (210) 661-6262 PROGRAM TYPE: ICF/IID License Exp Dt: 09/22/2017 Owner Information AUTISTIC TREATMENT CENTER INC 10503 METRIC DR DALLAS TX PHONE: (972) 644-2076	78201 FAX: (210) 661-2620 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 75243 FAX: (972) 644-5650
Facility Information: HATHAWAY HOME 211 W HATHAWAY SAN ANTONIO Phone (210) 822-7829 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: HEREFORD HOUSE 14433 HEREFORD SAN ANTONIO Phone (210) 590-2107 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	78209	(210) 661-2620 0 0 0 Reg Svcs: (210) 590-3143 0	ICF/IID: 6 TEAM ICF-IID	BEXAR COUNTY HOME CARE INC PO BOX 100347 SAN ANTONIO TX PHONE: (210) 661-6262 PROGRAM TYPE: ICF/IID License Exp Dt: 09/22/2017 Owner Information AUTISTIC TREATMENT CENTER INC 10503 METRIC DR DALLAS TX PHONE: (972) 644-2076 PROGRAM TYPE: ICF/IID	78201 FAX: (210) 661-2620 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 75243 FAX: (972) 644-5650
Facility Information: HATHAWAY HOME 211 W HATHAWAY SAN ANTONIO Phone (210) 822-7829 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: HEREFORD HOUSE 14433 HEREFORD SAN ANTONIO Phone (210) 590-2107 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	78209	(210) 661-2620 0 0 0 Reg Svcs: (210) 590-3143 0 0	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	BEXAR COUNTY HOME CARE INC PO BOX 100347 SAN ANTONIO TX PHONE: (210) 661-6262 PROGRAM TYPE: ICF/IID License Exp Dt: 09/22/2017 Owner Information AUTISTIC TREATMENT CENTER INC 10503 METRIC DR DALLAS TX PHONE: (972) 644-2076 PROGRAM TYPE: ICF/IID	78201 FAX: (210) 661-2620 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 75243 FAX: (972) 644-5650 SERVICE TYPE PRIVATELY OWNED
Facility Information: HATHAWAY HOME 211 W HATHAWAY SAN ANTONIO Phone (210) 822-7829 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: HEREFORD HOUSE 14433 HEREFORD SAN ANTONIO Phone (210) 590-2107 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: HEREFORD HOUSE	TX Facility ID:	78209	(210) 661-2620 0 0 0 Reg Svcs: (210) 590-3143 0 0	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	BEXAR COUNTY HOME CARE INC PO BOX 100347 SAN ANTONIO TX PHONE: (210) 661-6262 PROGRAM TYPE: ICF/IID License Exp Dt: 09/22/2017 Owner Information AUTISTIC TREATMENT CENTER INC 10503 METRIC DR DALLAS TX PHONE: (972) 644-2076 PROGRAM TYPE: ICF/IID License Exp Dt: 03/14/2018 Owner Information GROWING CAPABILITIES INC	78201 FAX: (210) 661-2620 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 75243 FAX: (972) 644-5650 SERVICE TYPE PRIVATELY OWNED
Facility Information: HATHAWAY HOME 211 W HATHAWAY SAN ANTONIO Phone (210) 822-7829 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: HEREFORD HOUSE 14433 HEREFORD SAN ANTONIO Phone (210) 590-2107 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information:	TX Facility ID:	78209	(210) 661-2620 0 0 0 Reg Svcs: (210) 590-3143 0 0	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	BEXAR COUNTY HOME CARE INC PO BOX 100347 SAN ANTONIO TX PHONE: (210) 661-6262 PROGRAM TYPE: ICF/IID License Exp Dt: 09/22/2017 Owner Information AUTISTIC TREATMENT CENTER INC 10503 METRIC DR DALLAS TX PHONE: (972) 644-2076 PROGRAM TYPE: ICF/IID License Exp Dt: 03/14/2018 Owner Information GROWING CAPABILITIES INC 18 AUGUSTA PINES STE 140E	78201 FAX: (210) 661-2620 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 75243 FAX: (972) 644-5650 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: HATHAWAY HOME 211 W HATHAWAY SAN ANTONIO Phone (210) 822-7829 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: HEREFORD HOUSE 14433 HEREFORD SAN ANTONIO Phone (210) 590-2107 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: HEREFORD HOUSE 14433 HEREFORD SAN ANTONIO Phone (210) 590-2107 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: HILLSIDE RIDGE HOUSE 14727 HILLSIDE RIDGE	TX Facility ID: TX Facility ID:	78209	(210) 661-2620 0 0 0 Reg Svcs: (210) 590-3143 0 0	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	BEXAR COUNTY HOME CARE INC PO BOX 100347 SAN ANTONIO TX PHONE: (210) 661-6262 PROGRAM TYPE: ICF/IID License Exp Dt: 09/22/2017 Owner Information AUTISTIC TREATMENT CENTER INC 10503 METRIC DR DALLAS TX PHONE: (972) 644-2076 PROGRAM TYPE: ICF/IID License Exp Dt: 03/14/2018 Owner Information GROWING CAPABILITIES INC 18 AUGUSTA PINES STE 140E SPRING TX	78201 FAX: (210) 661-2620 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 75243 FAX: (972) 644-5650 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 77389
Facility Information: HATHAWAY HOME 211 W HATHAWAY SAN ANTONIO Phone (210) 822-7829 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: HEREFORD HOUSE 14433 HEREFORD SAN ANTONIO Phone (210) 590-2107 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: HILLSIDE RIDGE HOUSE 14727 HILLSIDE RIDGE SAN ANTONIO	TX Facility ID: TX Facility ID:	78209	(210) 661-2620 0 0 0 Reg Svcs: (210) 590-3143 0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	BEXAR COUNTY HOME CARE INC PO BOX 100347 SAN ANTONIO TX PHONE: (210) 661-6262 PROGRAM TYPE: ICF/IID License Exp Dt: 09/22/2017 Owner Information AUTISTIC TREATMENT CENTER INC 10503 METRIC DR DALLAS TX PHONE: (972) 644-2076 PROGRAM TYPE: ICF/IID License Exp Dt: 03/14/2018 Owner Information GROWING CAPABILITIES INC 18 AUGUSTA PINES STE 140E SPRING TX PHONE: (281) 351-1758	78201 FAX: (210) 661-2620 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 75243 FAX: (972) 644-5650 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 77389 FAX: (281) 255-4500
Facility Information: HATHAWAY HOME 211 W HATHAWAY SAN ANTONIO Phone (210) 822-7829 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: HEREFORD HOUSE 14433 HEREFORD SAN ANTONIO Phone (210) 590-2107 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: HILLSIDE RIDGE HOUSE 14727 HILLSIDE RIDGE SAN ANTONIO Phone (210) 590-9151	TX Facility ID: TX Facility ID:	78209	(210) 661-2620 0 0 0 Reg Svcs: (210) 590-3143 0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6 TEAM ICF-IID	BEXAR COUNTY HOME CARE INC PO BOX 100347 SAN ANTONIO TX PHONE: (210) 661-6262 PROGRAM TYPE: ICF/IID License Exp Dt: 09/22/2017 Owner Information AUTISTIC TREATMENT CENTER INC 10503 METRIC DR DALLAS TX PHONE: (972) 644-2076 PROGRAM TYPE: ICF/IID License Exp Dt: 03/14/2018 Owner Information GROWING CAPABILITIES INC 18 AUGUSTA PINES STE 140E SPRING TX	78201 FAX: (210) 661-2620 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 75243 FAX: (972) 644-5650 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 77389

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County BEXAR			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	007207	neg ovos.	I LAW IOI TID	Owner Information	Togion 00 - Only Alt CivilO
HUNTERS CIRCLE					EDUCARE COMMUNITY LIVING CORPO	DRATION - TEXAS
13230 N HUNTERS CIR					9901 LINN STATION RD	
SAN ANTONIO	TX	78230 Fax			LOUISVILLE KY	40223
Phone (210) 493-5968			•	IOT/IID	PHONE : (502) 394-2100	FAX : (502) 394-2285
TOTAL Lic Capacity: 0		TITLE 18: TITLE19:		ICF/IID: 6	PROGRAM TYPE: CF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0 PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 10/25/2017	
FRIVATE Deus. ()		111LE 10/19.	0		10/25/2017	
County BEXAR			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	007215			Owner Information	
INTRIGUE HOUSE 11619 INTRIGUE					R & K SPECIALIZED HOMES INC	0.75 000
SAN ANTONIO	TX	78216			1550 NE LOOP 410 SAN ANTONIO TX	,STE 206 78209
Phone (210) 979-0382		Fax	(210) 979-0382			
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE: (210) 805-0802	FAX: (210) 805-0744
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 11/20/2017	
County BEXAR			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	007527			Owner Information	
KNOB OAK					KNOB OAK INC	
9714 KNOB OAK SAN ANTONIO	TX	78250			9714 KNOB OAK	
Phone (210) 680-6768		Fax	(210) 520-0812		SAN ANTONIO TX	78250
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (210) 690-6768	FAX: (210) 520-0812
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2019	
County BEXAR			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
County BEXAR Facility Information:	Facility ID:	007499	Reg Svcs:	TEAM ICF-IID	Owner Information	Region 08 - SAN ANTONIO
•	Facility ID:	007499	Reg Svcs:	TEAM ICF-IID	·	·
Facility Information: KOPPLOW HOME 460 KOPPLOW	·		Reg Svcs:	TEAM ICF-IID	Owner Information	·
Facility Information: KOPPLOW HOME 460 KOPPLOW SAN ANTONIO	Facility ID:	78221	-	TEAM ICF-IID	Owner Information MISSION ROAD DEVELOPMENTAL CEI	·
Facility Information: KOPPLOW HOME 460 KOPPLOW SAN ANTONIO Phone (210) 921-9396	·	78221 Fax	(210) 924-9265		Owner Information MISSION ROAD DEVELOPMENTAL CEI 8706 MISSION RD	NTER
Facility Information: KOPPLOW HOME 460 KOPPLOW SAN ANTONIO Phone (210) 921-9396 TOTAL Lic Capacity: 0	·	78221 Fax TITLE 18:	(210) 924-9265 0	TEAM ICF-IID ICF/IID: 6	Owner Information MISSION ROAD DEVELOPMENTAL CEI 8706 MISSION RD SAN ANTONIO TX	78214
Facility Information: KOPPLOW HOME 460 KOPPLOW SAN ANTONIO Phone (210) 921-9396 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	78221 Fax TITLE 18: TITLE19:	(210) 924-9265 0		Owner Information MISSION ROAD DEVELOPMENTAL CEI 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437 PROGRAM TYPE: ICF/IID	78214 FAX: (210) 922-6006
Facility Information: KOPPLOW HOME 460 KOPPLOW SAN ANTONIO Phone (210) 921-9396 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	78221 Fax TITLE 18:	(210) 924-9265 0 0	ICF/IID: 6	Owner Information MISSION ROAD DEVELOPMENTAL CEI 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437	78214 FAX: (210) 922-6006 SERVICE TYPE PRIVATELY OWNED
Facility Information: KOPPLOW HOME 460 KOPPLOW SAN ANTONIO Phone (210) 921-9396 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR	тх	78221 Fax TITLE 18: TITLE19: TITLE 18/19:	(210) 924-9265 0		Owner Information MISSION ROAD DEVELOPMENTAL CEI 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437 PROGRAM TYPE: ICF/IID License Exp Dt: 01/21/2018	78214 FAX: (210) 922-6006
Facility Information: KOPPLOW HOME 460 KOPPLOW SAN ANTONIO Phone (210) 921-9396 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information:	·	78221 Fax TITLE 18: TITLE19:	(210) 924-9265 0 0	ICF/IID: 6	Owner Information MISSION ROAD DEVELOPMENTAL CEI 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437 PROGRAM TYPE: ICF/IID License Exp Dt: 01/21/2018 Owner Information	78214 FAX: (210) 922-6006 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: KOPPLOW HOME 460 KOPPLOW SAN ANTONIO Phone (210) 921-9396 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: LAKE SUNSET COURT 3507 LAKE SUNSET CT	TX Facility ID:	78221	(210) 924-9265 0 0	ICF/IID: 6	Owner Information MISSION ROAD DEVELOPMENTAL CER 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437 PROGRAM TYPE: ICF/IID License Exp Dt: 01/21/2018 Owner Information SOUTH TEXAS COMMUNITY LIVING CO	78214 FAX: (210) 922-6006 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: KOPPLOW HOME 460 KOPPLOW SAN ANTONIO Phone (210) 921-9396 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: LAKE SUNSET COURT 3507 LAKE SUNSET CT SAN ANTONIO	тх	78221	(210) 924-9265 0 0 0 Reg Svcs:	ICF/IID: 6	Owner Information MISSION ROAD DEVELOPMENTAL CEI 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437 PROGRAM TYPE: ICF/IID License Exp Dt: 01/21/2018 Owner Information	78214 FAX: (210) 922-6006 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: KOPPLOW HOME 460 KOPPLOW SAN ANTONIO Phone (210) 921-9396 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: LAKE SUNSET COURT 3507 LAKE SUNSET CT SAN ANTONIO Phone (210) 656-2106	TX Facility ID:	78221	(210) 924-9265 0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID	Owner Information MISSION ROAD DEVELOPMENTAL CET 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437 PROGRAM TYPE: ICF/IID License Exp Dt: 01/21/2018 Owner Information SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX	78214 FAX: (210) 922-6006 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO DRP ,STE 140 E 77389
Facility Information: KOPPLOW HOME 460 KOPPLOW SAN ANTONIO Phone (210) 921-9396 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: LAKE SUNSET COURT 3507 LAKE SUNSET CT SAN ANTONIO Phone (210) 656-2106 TOTAL Lic Capacity: 0	TX Facility ID:	78221	(210) 924-9265 0 0 0 Reg Svcs:	ICF/IID: 6	Owner Information MISSION ROAD DEVELOPMENTAL CER 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437 PROGRAM TYPE: ICF/IID License Exp Dt: 01/21/2018 Owner Information SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758	78214 FAX: (210) 922-6006 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO DRP ,STE 140 E 77389 FAX: (210) 255-4500
Facility Information: KOPPLOW HOME 460 KOPPLOW SAN ANTONIO Phone (210) 921-9396 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: LAKE SUNSET COURT 3507 LAKE SUNSET CT SAN ANTONIO Phone (210) 656-2106 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	78221	(210) 924-9265 0 0 0 Reg Svcs: (210) 494-7228 0	ICF/IID: 6 TEAM ICF-IID	Owner Information MISSION ROAD DEVELOPMENTAL CET 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437 PROGRAM TYPE: ICF/IID License Exp Dt: 01/21/2018 Owner Information SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID	78214 FAX: (210) 922-6006 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO DRP ,STE 140 E 77389
Facility Information: KOPPLOW HOME 460 KOPPLOW SAN ANTONIO Phone (210) 921-9396 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: LAKE SUNSET COURT 3507 LAKE SUNSET CT SAN ANTONIO Phone (210) 656-2106 TOTAL Lic Capacity: 0	TX Facility ID:	78221	(210) 924-9265 0 0 0 Reg Svcs: (210) 494-7228 0	ICF/IID: 6 TEAM ICF-IID	Owner Information MISSION ROAD DEVELOPMENTAL CER 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437 PROGRAM TYPE: ICF/IID License Exp Dt: 01/21/2018 Owner Information SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758	78214 FAX: (210) 922-6006 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO DRP ,STE 140 E 77389 FAX: (210) 255-4500
Facility Information: KOPPLOW HOME 460 KOPPLOW SAN ANTONIO Phone (210) 921-9396 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: LAKE SUNSET COURT 3507 LAKE SUNSET CT SAN ANTONIO Phone (210) 656-2106 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR	TX Facility ID:	78221	(210) 924-9265 0 0 0 Reg Svcs: (210) 494-7228 0	ICF/IID: 6 TEAM ICF-IID	Owner Information MISSION ROAD DEVELOPMENTAL CET 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437 PROGRAM TYPE: ICF/IID License Exp Dt: 01/21/2018 Owner Information SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018	78214 FAX: (210) 922-6006 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO DRP ,STE 140 E 77389 FAX: (210) 255-4500
Facility Information: KOPPLOW HOME 460 KOPPLOW SAN ANTONIO Phone (210) 921-9396 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: LAKE SUNSET COURT 3507 LAKE SUNSET CT SAN ANTONIO Phone (210) 656-2106 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information:	TX Facility ID:	78221	(210) 924-9265 0 0 0 Reg Svcs: (210) 494-7228 0 0	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	Owner Information MISSION ROAD DEVELOPMENTAL CET 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437 PROGRAM TYPE: ICF/IID License Exp Dt: 01/21/2018 Owner Information SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information	78214 FAX: (210) 922-6006 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO DRP ,STE 140 E 77389 FAX: (210) 255-4500 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: KOPPLOW HOME 460 KOPPLOW SAN ANTONIO Phone (210) 921-9396 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: LAKE SUNSET COURT 3507 LAKE SUNSET CT SAN ANTONIO Phone (210) 656-2106 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: LAKEWAY	TX Facility ID:	78221	(210) 924-9265 0 0 0 Reg Svcs: (210) 494-7228 0 0	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	Owner Information MISSION ROAD DEVELOPMENTAL CER 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437 PROGRAM TYPE: ICF/IID License Exp Dt: 01/21/2018 Owner Information SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information SOUTH TEXAS COMMUNITY LIVING CO	78214 FAX: (210) 922-6006 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO DRP ,STE 140 E 77389 FAX: (210) 255-4500 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: KOPPLOW HOME 460 KOPPLOW SAN ANTONIO Phone (210) 921-9396 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: LAKE SUNSET COURT 3507 LAKE SUNSET CT SAN ANTONIO Phone (210) 656-2106 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information:	TX Facility ID:	78221	(210) 924-9265 0 0 0 Reg Svcs: (210) 494-7228 0 0	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	Owner Information MISSION ROAD DEVELOPMENTAL CEI 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437 PROGRAM TYPE: ICF/IID License Exp Dt: 01/21/2018 Owner Information SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR	78214 FAX: (210) 922-6006 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO ORP ,STE 140 E 77389 FAX: (210) 255-4500 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO ORP ,STE 140 E
Facility Information: KOPPLOW HOME 460 KOPPLOW SAN ANTONIO Phone (210) 921-9396 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: LAKE SUNSET COURT 3507 LAKE SUNSET CT SAN ANTONIO Phone (210) 656-2106 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: LAKEWAY 4417 LAKEWAY	TX Facility ID: TX Facility ID:	78221	(210) 924-9265 0 0 0 Reg Svcs: (210) 494-7228 0 0	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	Owner Information MISSION ROAD DEVELOPMENTAL CET 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437 PROGRAM TYPE: ICF/IID License Exp Dt: 01/21/2018 Owner Information SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX Owner Information SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX	78214 FAX: (210) 922-6006 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO ORP ,STE 140 E 77389 FAX: (210) 255-4500 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO ORP ,STE 140 E 77389
Facility Information: KOPPLOW HOME 460 KOPPLOW SAN ANTONIO Phone (210) 921-9396 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: LAKE SUNSET COURT 3507 LAKE SUNSET CT SAN ANTONIO Phone (210) 656-2106 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: LAKEWAY 4417 LAKEWAY SAN ANTONIO	TX Facility ID: TX Facility ID:	78221	(210) 924-9265 0 0 Reg Svcs: (210) 494-7228 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	Owner Information MISSION ROAD DEVELOPMENTAL CEI 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437 PROGRAM TYPE: ICF/IID License Exp Dt: 01/21/2018 Owner Information SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX Owner Information SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758	78214 FAX: (210) 922-6006 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO ORP ,STE 140 E 77389 FAX: (210) 255-4500 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO ORP ,STE 140 E 77389 FAX: (210) 255-4500
Facility Information: KOPPLOW HOME 460 KOPPLOW SAN ANTONIO Phone (210) 921-9396 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: LAKE SUNSET COURT 3507 LAKE SUNSET CT SAN ANTONIO Phone (210) 656-2106 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: LAKEWAY 4417 LAKEWAY SAN ANTONIO Phone (210) 662-5920	TX Facility ID: TX Facility ID:	78221	(210) 924-9265 0 0 0 Reg Svcs: (210) 494-7228 0 0 Reg Svcs: (210) 494-7228	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	Owner Information MISSION ROAD DEVELOPMENTAL CET 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437 PROGRAM TYPE: ICF/IID License Exp Dt: 01/21/2018 Owner Information SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX Owner Information SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX	78214 FAX: (210) 922-6006 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO ORP ,STE 140 E 77389 FAX: (210) 255-4500 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO ORP ,STE 140 E 77389

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County BEXAR			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	003935	09 0 . 00.		Owner Information	
LAMBETH COMMUNITY HOM	E				EDUCARE COMMUNITY LIVING LIMITE	D PARTNERSHIP
4935 LAMBETH ST					9901 LINN STATION ROAD	
SAN ANTONIO	TX	78228 Fax			LOUISVILLE KY	40223-3808
Phone (210) 509-9938					PHONE : (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: CF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:				
PRIVATE Beds: 0		TITLE 18/19:	U		License Exp Dt: 10/20/2017	
County BEXAR	Facility ID:	007458	Reg Svcs:	TEAM ICF-IID	Owner Information	Region 08 - SAN ANTONIO
Facility Information: LARIMER SQUARE	racility ib.	007430			EDUCARE COMMUNITY LIVING CORPO	ORATION - TEXAS
6006 LARIMER SQ					9901 LINN STATION RD	SIVITION TEXTO
SAN ANTONIO	TX	78249			LOUISVILLE KY	40223
Phone (210) 561-0303		Fax				
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	,	, ,
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 11/01/2017	
County BEXAR			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	003775			Owner Information	
MABEE HOME					MISSION ROAD DEVELOPMENTAL CE	NTER
7520 S SEA LN SAN ANTONIO	TX	78216			8706 MISSION RD	
Phone (210) 377-1328		Fax	(210) 377-1328		SAN ANTONIO TX	78214
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 12	PHONE: (210) 334-2437	FAX: (210) 922-6006
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 10/22/2017	
County BEXAR			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	003629	, and the second		Owner Information	-
MAYFAIR						
IVII ATTI FATTA					REACHING MAXIMUM INDEPENDENCE	E INC
3118 MAYFAIR	TY	78217			REACHING MAXIMUM INDEPENDENCE 6336 MONTGOMERY DR	EINC
3118 MAYFAIR SAN ANTONIO	TX	78217 Fax	(210) 656-0199			78239
3118 MAYFAIR SAN ANTONIO Phone (210) 655-8323	тх	Fax	(210) 656-0199	ICE/IID- &	6336 MONTGOMERY DR	
3118 MAYFAIR SAN ANTONIO Phone (210) 655-8323 TOTAL Lic Capacity: 0	тх	Fax TITLE 18:	0	ICF/IID: 6	6336 MONTGOMERY DR SAN ANTONIO TX	78239
3118 MAYFAIR SAN ANTONIO Phone (210) 655-8323 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	тх	Fax TITLE 18: TITLE19:	0 0	ICF/IID: 6	6336 MONTGOMERY DR SAN ANTONIO TX PHONE: (210) 656-6674 PROGRAM TYPE: ICF/IID	78239 FAX: (210) 656-0199
3118 MAYFAIR SAN ANTONIO Phone (210) 655-8323 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX	Fax TITLE 18:	0 0 0		6336 MONTGOMERY DR SAN ANTONIO TX PHONE: (210) 656-6674	78239 FAX: (210) 656-0199 SERVICE TYPE PRIVATELY OWNED
3118 MAYFAIR SAN ANTONIO Phone (210) 655-8323 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR		Fax TITLE 18: TITLE19: TITLE 18/19:	0 0	ICF/IID: 6 TEAM ICF-IID	6336 MONTGOMERY DR SAN ANTONIO TX PHONE: (210) 656-6674 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017	78239 FAX: (210) 656-0199
3118 MAYFAIR SAN ANTONIO Phone (210) 655-8323 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information:	TX Facility ID:	Fax TITLE 18: TITLE19:	0 0 0		6336 MONTGOMERY DR SAN ANTONIO TX PHONE: (210) 656-6674 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information	78239 FAX: (210) 656-0199 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
3118 MAYFAIR SAN ANTONIO Phone (210) 655-8323 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR		Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0		6336 MONTGOMERY DR SAN ANTONIO TX PHONE: (210) 656-6674 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information MISSION ROAD DEVELOPMENTAL CE	78239 FAX: (210) 656-0199 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
3118 MAYFAIR SAN ANTONIO Phone (210) 655-8323 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: MOCKINGBIRD HOME 7618 MOCKINGBIRD LN SAN ANTONIO		Fax TITLE 18: TITLE19: TITLE 18/19: 007292 78229-2624	0 0 0 Reg Svcs:		6336 MONTGOMERY DR SAN ANTONIO TX PHONE: (210) 656-6674 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information	78239 FAX: (210) 656-0199 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
3118 MAYFAIR SAN ANTONIO Phone (210) 655-8323 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: MOCKINGBIRD HOME 7618 MOCKINGBIRD LN SAN ANTONIO Phone (210) 349-8125	Facility ID:	Fax TITLE 18: TITLE 19: TITLE 18/19: 007292 78229-2624 Fax	0 0 0 Reg Svcs:	TEAM ICF-IID	6336 MONTGOMERY DR SAN ANTONIO TX PHONE: (210) 656-6674 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information MISSION ROAD DEVELOPMENTAL CE 8706 MISSION RD SAN ANTONIO TX	78239 FAX: (210) 656-0199 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO NTER 78214
3118 MAYFAIR SAN ANTONIO Phone (210) 655-8323 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: MOCKINGBIRD HOME 7618 MOCKINGBIRD LN SAN ANTONIO Phone (210) 349-8125 TOTAL Lic Capacity: 0	Facility ID:	Fax TITLE 18: TITLE 19: TITLE 18/19: 007292 78229-2624 Fax TITLE 18:	0 0 0 Reg Svcs: (210) 349-8149		6336 MONTGOMERY DR SAN ANTONIO TX PHONE: (210) 656-6674 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information MISSION ROAD DEVELOPMENTAL CE 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437	78239 FAX: (210) 656-0199 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO NTER 78214 FAX: (210) 922-6006
3118 MAYFAIR SAN ANTONIO Phone (210) 655-8323 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: MOCKINGBIRD HOME 7618 MOCKINGBIRD LN SAN ANTONIO Phone (210) 349-8125 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	Facility ID:	Fax TITLE 18: TITLE 19: TITLE 18/19: 007292 78229-2624 Fax TITLE 18: TITLE 19:	0 0 0 Reg Svcs: (210) 349-8149 0	TEAM ICF-IID	6336 MONTGOMERY DR SAN ANTONIO TX PHONE: (210) 656-6674 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information MISSION ROAD DEVELOPMENTAL CE 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437 PROGRAM TYPE: ICF/IID	78239 FAX: (210) 656-0199 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO NTER 78214
3118 MAYFAIR SAN ANTONIO Phone (210) 655-8323 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: MOCKINGBIRD HOME 7618 MOCKINGBIRD LN SAN ANTONIO Phone (210) 349-8125 TOTAL Lic Capacity: 0	Facility ID:	Fax TITLE 18: TITLE 19: TITLE 18/19: 007292 78229-2624 Fax TITLE 18:	0 0 0 Reg Svcs: (210) 349-8149 0	TEAM ICF-IID	6336 MONTGOMERY DR SAN ANTONIO TX PHONE: (210) 656-6674 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information MISSION ROAD DEVELOPMENTAL CE 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437	78239 FAX: (210) 656-0199 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO NTER 78214 FAX: (210) 922-6006
3118 MAYFAIR SAN ANTONIO Phone (210) 655-8323 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: MOCKINGBIRD HOME 7618 MOCKINGBIRD LN SAN ANTONIO Phone (210) 349-8125 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR	Facility ID:	Fax TITLE 18: TITLE19: TITLE 18/19: 007292 78229-2624 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0 Reg Svcs: (210) 349-8149 0	TEAM ICF-IID	6336 MONTGOMERY DR SAN ANTONIO TX PHONE: (210) 656-6674 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information MISSION ROAD DEVELOPMENTAL CE 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437 PROGRAM TYPE: ICF/IID License Exp Dt: 07/18/2018	78239 FAX: (210) 656-0199 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO NTER 78214 FAX: (210) 922-6006
3118 MAYFAIR SAN ANTONIO Phone (210) 655-8323 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: MOCKINGBIRD HOME 7618 MOCKINGBIRD LN SAN ANTONIO Phone (210) 349-8125 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information:	Facility ID:	Fax TITLE 18: TITLE 19: TITLE 18/19: 007292 78229-2624 Fax TITLE 18: TITLE 19:	0 0 0 Reg Svcs: (210) 349-8149 0 0	TEAM ICF-IID ICF/IID: 6	6336 MONTGOMERY DR SAN ANTONIO TX PHONE: (210) 656-6674 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information MISSION ROAD DEVELOPMENTAL CE 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437 PROGRAM TYPE: ICF/IID License Exp Dt: 07/18/2018	78239 FAX: (210) 656-0199 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO NTER 78214 FAX: (210) 922-6006 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
3118 MAYFAIR SAN ANTONIO Phone (210) 655-8323 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: MOCKINGBIRD HOME 7618 MOCKINGBIRD LN SAN ANTONIO Phone (210) 349-8125 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: NEW WORLD	Facility ID:	Fax TITLE 18: TITLE19: TITLE 18/19: 007292 78229-2624 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0 Reg Svcs: (210) 349-8149 0 0	TEAM ICF-IID ICF/IID: 6	6336 MONTGOMERY DR SAN ANTONIO TX PHONE: (210) 656-6674 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information MISSION ROAD DEVELOPMENTAL CE 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437 PROGRAM TYPE: ICF/IID License Exp Dt: 07/18/2018 Owner Information REACHING MAXIMUM INDEPENDENCE	78239 FAX: (210) 656-0199 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO NTER 78214 FAX: (210) 922-6006 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
3118 MAYFAIR SAN ANTONIO Phone (210) 655-8323 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: MOCKINGBIRD HOME 7618 MOCKINGBIRD LN SAN ANTONIO Phone (210) 349-8125 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information:	Facility ID:	Fax TITLE 18: TITLE19: TITLE 18/19: 007292 78229-2624 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0 Reg Svcs: (210) 349-8149 0 0	TEAM ICF-IID ICF/IID: 6	6336 MONTGOMERY DR SAN ANTONIO TX PHONE: (210) 656-6674 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information MISSION ROAD DEVELOPMENTAL CE 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437 PROGRAM TYPE: ICF/IID License Exp Dt: 07/18/2018 Owner Information REACHING MAXIMUM INDEPENDENCE 6336 MONTGOMERY DR	78239 FAX: (210) 656-0199 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO NTER 78214 FAX: (210) 922-6006 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
3118 MAYFAIR SAN ANTONIO Phone (210) 655-8323 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: MOCKINGBIRD HOME 7618 MOCKINGBIRD LN SAN ANTONIO Phone (210) 349-8125 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: NEW WORLD 7950 NEW WORLD	Facility ID:	Fax TITLE 18: TITLE 18/19: 007292 78229-2624 Fax TITLE 18: TITLE 19: TITLE 18/19:	0 0 0 Reg Svcs: (210) 349-8149 0 0	TEAM ICF-IID ICF/IID: 6	6336 MONTGOMERY DR SAN ANTONIO TX PHONE: (210) 656-6674 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information MISSION ROAD DEVELOPMENTAL CE 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437 PROGRAM TYPE: ICF/IID License Exp Dt: 07/18/2018 Owner Information REACHING MAXIMUM INDEPENDENCE 6336 MONTGOMERY DR SAN ANTONIO TX	78239 FAX: (210) 656-0199 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO NTER 78214 FAX: (210) 922-6006 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO EINC 78239
3118 MAYFAIR SAN ANTONIO Phone (210) 655-8323 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: MOCKINGBIRD HOME 7618 MOCKINGBIRD LN SAN ANTONIO Phone (210) 349-8125 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: NEW WORLD 7950 NEW WORLD SAN ANTONIO	Facility ID:	Fax TITLE 18: TITLE 18: TITLE 18/19: 007292 78229-2624 Fax TITLE 18: TITLE 19: TITLE 18/19: 003630 78239	0 0 0 Reg Svcs: (210) 349-8149 0 0 0 Reg Svcs:	TEAM ICF-IID ICF/IID: 6	6336 MONTGOMERY DR SAN ANTONIO TX PHONE: (210) 656-6674 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information MISSION ROAD DEVELOPMENTAL CE 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437 PROGRAM TYPE: ICF/IID License Exp Dt: 07/18/2018 Owner Information REACHING MAXIMUM INDEPENDENCE 6336 MONTGOMERY DR	78239 FAX: (210) 656-0199 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO NTER 78214 FAX: (210) 922-6006 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
3118 MAYFAIR SAN ANTONIO Phone (210) 655-8323 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: MOCKINGBIRD HOME 7618 MOCKINGBIRD LN SAN ANTONIO Phone (210) 349-8125 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: NEW WORLD 7950 NEW WORLD SAN ANTONIO Phone (210) 646-8628	Facility ID:	Fax TITLE 18: TITLE 18/19: 007292 78229-2624 Fax TITLE 18: TITLE 18: TITLE 19: 003630 78239 Fax	0 0 0 Reg Svcs: (210) 349-8149 0 0 0 0 Reg Svcs:	TEAM ICF-IID ICF/IID: 6 TEAM ICF-IID	6336 MONTGOMERY DR SAN ANTONIO TX PHONE: (210) 656-6674 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information MISSION ROAD DEVELOPMENTAL CE 8706 MISSION RD SAN ANTONIO TX PHONE: (210) 334-2437 PROGRAM TYPE: ICF/IID License Exp Dt: 07/18/2018 Owner Information REACHING MAXIMUM INDEPENDENCE 6336 MONTGOMERY DR SAN ANTONIO TX	78239 FAX: (210) 656-0199 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO NTER 78214 FAX: (210) 922-6006 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO EINC 78239

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County BEXAR			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	104625			Owner Information	.g
OASIS HOME	-				WHITBY ROAD ALLIANCE INC	
6487 WHITBY RD	T1.	70040			6487 WHITBY RD	
SAN ANTONIO Phone (210) 696-2410	TX	78240 Fax	(210) 699-1866		SAN ANTONIO TX	78240-2198
(','			` '	IOF/IID.	PHONE : (210) 696-2410	FAX: (210) 699-1866
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0		TITLE 18: TITLE19:		ICF/IID: 8	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 08/10/2017	
		11122 10/13.			00/10/2017	
County BEXAR	Facility ID:	007365	Reg Svcs:	TEAM ICF-IID	Owner Information	Region 08 - SAN ANTONIO
Facility Information: PARK HAVEN HOME	racility ID.	007303			BEXAR COUNTY HOME CARE INC	
6738 PARK HAVEN					PO BOX 100347	
SAN ANTONIO	TX	78244			SAN ANTONIO TX	78201
Phone (210) 661-1338		Fax	(210) 661-2620		PHONE: (210) 661-6262	FAX: (210) 661-2620
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	,	,
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/31/2018	
County BEXAR			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	003649			Owner Information	
PEBBLE BOW 2643 PEBBLE BOW					EDUCARE COMMUNITY LIVING CORPO	PRATION - TEXAS
SAN ANTONIO	TX	78232			9901 LINN STATION RD	40000
Phone (210) 491-0610		Fax			LOUISVILLE KY	40223
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (502) 394-2100	FAX : (502) 394-2285
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 03/01/2018	
County BEXAR			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
County BEXAR Facility Information:	Facility ID:	003603	Reg Svcs:	TEAM ICF-IID	Owner Information	Region 08 - SAN ANTONIO
Facility Information: PEPPERIDGE ADULT LIVING	•	003603	Reg Svcs:	TEAM ICF-IID	Owner Information SPECIALIZED HOME LIFE	Region 08 - SAN ANTONIO
Facility Information: PEPPERIDGE ADULT LIVING 4611 WETZ	CENTER		Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information: PEPPERIDGE ADULT LIVING	•	003603 78217 Fax	Reg Svcs:	TEAM ICF-IID	SPECIALIZED HOME LIFE	Region 08 - SAN ANTONIO 78265
Facility Information: PEPPERIDGE ADULT LIVING 4611 WETZ SAN ANTONIO Phone (210) 599-8656	CENTER	78217 Fax			SPECIALIZED HOME LIFE PO BOX 33487	v
Facility Information: PEPPERIDGE ADULT LIVING 4611 WETZ SAN ANTONIO Phone (210) 599-8656 TOTAL Lic Capacity: 0	CENTER	78217	0	TEAM ICF-IID ICF/IID: 6	SPECIALIZED HOME LIFE PO BOX 33487 SAN ANTONIO TX	78265
Facility Information: PEPPERIDGE ADULT LIVING 4611 WETZ SAN ANTONIO Phone (210) 599-8656	CENTER	78217 Fax TITLE 18:	0		SPECIALIZED HOME LIFE PO BOX 33487 SAN ANTONIO TX PHONE: (210) 599-8656	78265 FAX : (210) 599-8656
Facility Information: PEPPERIDGE ADULT LIVING 4611 WETZ SAN ANTONIO Phone (210) 599-8656 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	CENTER	78217 Fax TITLE 18: TITLE19:	0 0 0	ICF/IID: 6	SPECIALIZED HOME LIFE PO BOX 33487 SAN ANTONIO TX PHONE: (210) 599-8656 PROGRAM TYPE: ICF/IID	78265 FAX: (210) 599-8656 SERVICE TYPE PRIVATELY OWNED
Facility Information: PEPPERIDGE ADULT LIVING 4611 WETZ SAN ANTONIO Phone (210) 599-8656 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX	78217 Fax TITLE 18: TITLE19: TITLE 18/19:	0		SPECIALIZED HOME LIFE PO BOX 33487 SAN ANTONIO TX PHONE: (210) 599-8656 PROGRAM TYPE: ICF/IID License Exp Dt: 06/01/2018	78265 FAX : (210) 599-8656
Facility Information: PEPPERIDGE ADULT LIVING 4611 WETZ SAN ANTONIO Phone (210) 599-8656 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR	CENTER	78217 Fax TITLE 18: TITLE19:	0 0 0	ICF/IID: 6	SPECIALIZED HOME LIFE PO BOX 33487 SAN ANTONIO TX PHONE: (210) 599-8656 PROGRAM TYPE: ICF/IID	78265 FAX: (210) 599-8656 SERVICE TYPE PRIVATELY OWNED
Facility Information: PEPPERIDGE ADULT LIVING 4611 WETZ SAN ANTONIO Phone (210) 599-8656 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: QUAIL RUN 7422 QUAIL RUN	TX Facility ID:	78217	0 0 0	ICF/IID: 6	SPECIALIZED HOME LIFE PO BOX 33487 SAN ANTONIO TX PHONE: (210) 599-8656 PROGRAM TYPE: ICF/IID License Exp Dt: 06/01/2018 Owner Information	78265 FAX: (210) 599-8656 SERVICE TYPE PRIVATELY OWNED
Facility Information: PEPPERIDGE ADULT LIVING 4611 WETZ SAN ANTONIO Phone (210) 599-8656 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: QUAIL RUN 7422 QUAIL RUN SAN ANTONIO	TX	78217	0 0 0 Reg Svcs:	ICF/IID: 6	SPECIALIZED HOME LIFE PO BOX 33487 SAN ANTONIO TX PHONE: (210) 599-8656 PROGRAM TYPE: ICF/IID License Exp Dt: 06/01/2018 Owner Information COMPLETE LIFE CARE	78265 FAX: (210) 599-8656 SERVICE TYPE PRIVATELY OWNED
Facility Information: PEPPERIDGE ADULT LIVING 4611 WETZ SAN ANTONIO Phone (210) 599-8656 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: QUAIL RUN 7422 QUAIL RUN SAN ANTONIO Phone (210) 805-8950	TX Facility ID:	78217	0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID	PO BOX 33487 SAN ANTONIO TX PHONE: (210) 599-8656 PROGRAM TYPE: ICF/IID License Exp Dt: 06/01/2018 Owner Information COMPLETE LIFE CARE 6647 CADES COVE	78265 FAX: (210) 599-8656 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: PEPPERIDGE ADULT LIVING 4611 WETZ SAN ANTONIO Phone (210) 599-8656 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: QUAIL RUN 7422 QUAIL RUN SAN ANTONIO Phone (210) 805-8950 TOTAL Lic Capacity: 0	TX Facility ID:	78217	0 0 0 Reg Svcs:	ICF/IID: 6	SPECIALIZED HOME LIFE PO BOX 33487 SAN ANTONIO TX PHONE: (210) 599-8656 PROGRAM TYPE: ICF/IID License Exp Dt: 06/01/2018 Owner Information COMPLETE LIFE CARE 6647 CADES COVE SAN ANTONIO TX	78265 FAX: (210) 599-8656 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 78238
Facility Information: PEPPERIDGE ADULT LIVING 4611 WETZ SAN ANTONIO Phone (210) 599-8656 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: QUAIL RUN 7422 QUAIL RUN SAN ANTONIO Phone (210) 805-8950 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	78217	0 0 0 Reg Svcs: (210) 520-7260 0	ICF/IID: 6 TEAM ICF-IID	SPECIALIZED HOME LIFE PO BOX 33487 SAN ANTONIO TX PHONE: (210) 599-8656 PROGRAM TYPE: ICF/IID License Exp Dt: 06/01/2018 Owner Information COMPLETE LIFE CARE 6647 CADES COVE SAN ANTONIO TX PHONE: (210) 520-0774 PROGRAM TYPE: ICF/IID	78265 FAX: (210) 599-8656 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 78238 FAX: (210) 520-7260
Facility Information: PEPPERIDGE ADULT LIVING 4611 WETZ SAN ANTONIO Phone (210) 599-8656 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: QUAIL RUN 7422 QUAIL RUN SAN ANTONIO Phone (210) 805-8950 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	78217	0 0 0 Reg Svcs: (210) 520-7260 0 0	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	SPECIALIZED HOME LIFE PO BOX 33487 SAN ANTONIO TX PHONE: (210) 599-8656 PROGRAM TYPE: ICF/IID License Exp Dt: 06/01/2018 Owner Information COMPLETE LIFE CARE 6647 CADES COVE SAN ANTONIO TX PHONE: (210) 520-0774	78265 FAX: (210) 599-8656 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 78238 FAX: (210) 520-7260 SERVICE TYPE PRIVATELY OWNED
Facility Information: PEPPERIDGE ADULT LIVING 4611 WETZ SAN ANTONIO Phone (210) 599-8656 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: QUAIL RUN 7422 QUAIL RUN SAN ANTONIO Phone (210) 805-8950 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR	TX Facility ID:	78217	0 0 0 Reg Svcs: (210) 520-7260 0	ICF/IID: 6 TEAM ICF-IID	SPECIALIZED HOME LIFE PO BOX 33487 SAN ANTONIO TX PHONE: (210) 599-8656 PROGRAM TYPE: ICF/IID License Exp Dt: 06/01/2018 Owner Information COMPLETE LIFE CARE 6647 CADES COVE SAN ANTONIO TX PHONE: (210) 520-0774 PROGRAM TYPE: ICF/IID License Exp Dt: 02/05/2018	78265 FAX: (210) 599-8656 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 78238 FAX: (210) 520-7260
Facility Information: PEPPERIDGE ADULT LIVING 4611 WETZ SAN ANTONIO Phone (210) 599-8656 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: QUAIL RUN 7422 QUAIL RUN SAN ANTONIO Phone (210) 805-8950 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information:	Facility ID: TX Facility ID:	78217	0 0 0 Reg Svcs: (210) 520-7260 0 0	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	SPECIALIZED HOME LIFE PO BOX 33487 SAN ANTONIO TX PHONE: (210) 599-8656 PROGRAM TYPE: ICF/IID License Exp Dt: 06/01/2018 Owner Information COMPLETE LIFE CARE 6647 CADES COVE SAN ANTONIO TX PHONE: (210) 520-0774 PROGRAM TYPE: ICF/IID License Exp Dt: 02/05/2018 Owner Information	78265 FAX: (210) 599-8656 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 78238 FAX: (210) 520-7260 SERVICE TYPE PRIVATELY OWNED
Facility Information: PEPPERIDGE ADULT LIVING 4611 WETZ SAN ANTONIO Phone (210) 599-8656 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: QUAIL RUN 7422 QUAIL RUN SAN ANTONIO Phone (210) 805-8950 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: R & K SPECIALIIZED HOMES	Facility ID: TX Facility ID:	78217	0 0 0 Reg Svcs: (210) 520-7260 0 0	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	SPECIALIZED HOME LIFE PO BOX 33487 SAN ANTONIO TX PHONE: (210) 599-8656 PROGRAM TYPE: ICF/IID License Exp Dt: 06/01/2018 Owner Information COMPLETE LIFE CARE 6647 CADES COVE SAN ANTONIO TX PHONE: (210) 520-0774 PROGRAM TYPE: ICF/IID License Exp Dt: 02/05/2018 Owner Information R & K SPECIALIZED HOMES INC	78265 FAX: (210) 599-8656 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 78238 FAX: (210) 520-7260 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: PEPPERIDGE ADULT LIVING 4611 WETZ SAN ANTONIO Phone (210) 599-8656 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: QUAIL RUN 7422 QUAIL RUN SAN ANTONIO Phone (210) 805-8950 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information:	Facility ID: TX Facility ID:	78217	0 0 0 Reg Svcs: (210) 520-7260 0 0	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	SPECIALIZED HOME LIFE PO BOX 33487 SAN ANTONIO TX PHONE: (210) 599-8656 PROGRAM TYPE: ICF/IID License Exp Dt: 06/01/2018 Owner Information COMPLETE LIFE CARE 6647 CADES COVE SAN ANTONIO TX PHONE: (210) 520-0774 PROGRAM TYPE: ICF/IID License Exp Dt: 02/05/2018 Owner Information R & K SPECIALIZED HOMES INC 1550 NE LOOP 410	78265 FAX: (210) 599-8656 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 78238 FAX: (210) 520-7260 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: PEPPERIDGE ADULT LIVING 4611 WETZ SAN ANTONIO Phone (210) 599-8656 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: QUAIL RUN 7422 QUAIL RUN SAN ANTONIO Phone (210) 805-8950 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: COUNTY BEXAR Facility Information: REAR K SPECIALIIZED HOMES 15910 QUAIL CIRCLE	CENTER TX Facility ID: TX Facility ID: INC	78217	0 0 0 Reg Svcs: (210) 520-7260 0 0	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	SPECIALIZED HOME LIFE PO BOX 33487 SAN ANTONIO TX PHONE: (210) 599-8656 PROGRAM TYPE: ICF/IID License Exp Dt: 06/01/2018 Owner Information COMPLETE LIFE CARE 6647 CADES COVE SAN ANTONIO TX PHONE: (210) 520-0774 PROGRAM TYPE: ICF/IID License Exp Dt: 02/05/2018 Owner Information R & K SPECIALIZED HOMES INC 1550 NE LOOP 410 SAN ANTONIO TX	78265 FAX: (210) 599-8656 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 78238 FAX: (210) 520-7260 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO .STE 206 78209
Facility Information: PEPPERIDGE ADULT LIVING 4611 WETZ SAN ANTONIO Phone (210) 599-8656 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: QUAIL RUN 7422 QUAIL RUN SAN ANTONIO Phone (210) 805-8950 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: R & K SPECIALIIZED HOMES 15910 QUAIL CIRCLE SAN ANTONIO	CENTER TX Facility ID: TX Facility ID: INC	78217	0 0 0 Reg Svcs: (210) 520-7260 0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	SPECIALIZED HOME LIFE PO BOX 33487 SAN ANTONIO TX PHONE: (210) 599-8656 PROGRAM TYPE: ICF/IID License Exp Dt: 06/01/2018 Owner Information COMPLETE LIFE CARE 6647 CADES COVE SAN ANTONIO TX PHONE: (210) 520-0774 PROGRAM TYPE: ICF/IID License Exp Dt: 02/05/2018 Owner Information R & K SPECIALIZED HOMES INC 1550 NE LOOP 410 SAN ANTONIO TX PHONE: (210) 805-0802	78265 FAX: (210) 599-8656 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 78238 FAX: (210) 520-7260 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO ,STE 206 78209 FAX: (210) 805-0744
Facility Information: PEPPERIDGE ADULT LIVING 4611 WETZ SAN ANTONIO Phone (210) 599-8656 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: QUAIL RUN 7422 QUAIL RUN SAN ANTONIO Phone (210) 805-8950 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: R & K SPECIALIIZED HOMES 15910 QUAIL CIRCLE SAN ANTONIO Phone (210) 805-0802	CENTER TX Facility ID: TX Facility ID: INC	78217	0 0 0 Reg Svcs: (210) 520-7260 0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6 TEAM ICF-IID	SPECIALIZED HOME LIFE PO BOX 33487 SAN ANTONIO TX PHONE: (210) 599-8656 PROGRAM TYPE: ICF/IID License Exp Dt: 06/01/2018 Owner Information COMPLETE LIFE CARE 6647 CADES COVE SAN ANTONIO TX PHONE: (210) 520-0774 PROGRAM TYPE: ICF/IID License Exp Dt: 02/05/2018 Owner Information R & K SPECIALIZED HOMES INC 1550 NE LOOP 410 SAN ANTONIO TX	78265 FAX: (210) 599-8656 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 78238 FAX: (210) 520-7260 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO .STE 206 78209

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County BEXAR			Pog Svos:	IID (AUSTIN REGION)		Region 08 - SAN ANTONIO
County BEXAR Facility Information:	Facility ID:	007564	Reg Svcs:	IID (AUSTIN REGION)	Owner Information	Region 08 - SAN ANTONIO
R & K SPECILIZED HOMES IN	-	007304			R & K SPECIALIZED HOMES INC	
6706 TIMBERHILL					1550 NE LOOP 410	,STE 206
SAN ANTONIO	TX	78238			SAN ANTONIO TX	78209
Phone (210) 805-0802		Fax	(210) 805-0744		PHONE : (210) 805-0802	FAX : (210) 805-0744
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	(,,	(-,
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 09/08/2018	
County BEXAR			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	104296			Owner Information	
R&K SPECIALIZED HOMES IN 4703 SHADY BREEZE	IC				R & K SPECIALIZED HOMES INC	
SAN ANTONIO	TX	78217			1550 NE LOOP 410	,STE 206
Phone (210) 805-0802		Fax	(210) 805-0744		SAN ANTONIO TX	78209
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (210) 805-0802	FAX : (210) 805-0744
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 07/14/2018	
				TEAM OF UP	•	Degion 00 CAN ANTONIO
County BEXAR Facility Information:	Encility ID:	104154	Reg Svcs:	TEAM ICF-IID	Owner Information	Region 08 - SAN ANTONIO
R&K SPECIALIZED HOMES IN	Facility ID:	104134			Owner Information R & K SPECIALIZED HOMES INC	
10214 SQUANTO	••				1550 NE LOOP 410	,STE 206
SAN ANTONIO	TX	78230			SAN ANTONIO TX	78209
Phone (210) 805-0802		Fax	(210) 805-0744		PHONE : (210) 805-0802	FAX: (210) 805-0744
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	, ,	(-,
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 05/19/2018	
County BEXAR			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
County BEXAR Facility Information:	Facility ID:	105215	Reg Svcs:	TEAM ICF-IID	Owner Information	Region 08 - SAN ANTONIO
Facility Information: R&K SPECIALIZED HOMES, II	•	105215	Reg Svcs:	TEAM ICF-IID	Owner Information R & K SPECIALIZED HOMES INC	Region 08 - SAN ANTONIO
Facility Information: R&K SPECIALIZED HOMES, II 8711 OAK LEDGE DR.	NC		Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO ,STE 206
Facility Information: R&K SPECIALIZED HOMES, II 8711 OAK LEDGE DR. SAN ANTONIO	•	78217	Reg Svcs:	TEAM ICF-IID	R & K SPECIALIZED HOMES INC	
Facility Information: R&K SPECIALIZED HOMES, II 8711 OAK LEDGE DR. SAN ANTONIO Phone (210) 805-0802	NC	78217 Fax	·		R & K SPECIALIZED HOMES INC 1550 NE LOOP 410	,STE 206
Facility Information: R&K SPECIALIZED HOMES, II 8711 OAK LEDGE DR. SAN ANTONIO Phone (210) 805-0802 TOTAL Lic Capacity: 0	NC	78217 Fax TITLE 18:	0	TEAM ICF-IID ICF/IID: 6	R & K SPECIALIZED HOMES INC 1550 NE LOOP 410 SAN ANTONIO TX	,STE 206 78209
Facility Information: R&K SPECIALIZED HOMES, II 8711 OAK LEDGE DR. SAN ANTONIO Phone (210) 805-0802 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	NC	78217 Fax TITLE 18: TITLE19:	0		R & K SPECIALIZED HOMES INC 1550 NE LOOP 410 SAN ANTONIO TX PHONE: (210) 805-0802 PROGRAM TYPE: ICF/IID	,STE 206 78209 FAX: (210) 805-0744
Facility Information: R&K SPECIALIZED HOMES, II 8711 OAK LEDGE DR. SAN ANTONIO Phone (210) 805-0802 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	NC	78217 Fax TITLE 18:	0 0 0	ICF/IID: 6	R & K SPECIALIZED HOMES INC 1550 NE LOOP 410 SAN ANTONIO TX PHONE: (210) 805-0802	,STE 206 78209 FAX: (210) 805-0744 SERVICE TYPE PRIVATELY OWNED
Facility Information: R&K SPECIALIZED HOMES, II 8711 OAK LEDGE DR. SAN ANTONIO Phone (210) 805-0802 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR	TX	78217 Fax TITLE 18: TITLE19: TITLE 18/19:	0		R & K SPECIALIZED HOMES INC 1550 NE LOOP 410 SAN ANTONIO TX PHONE: (210) 805-0802 PROGRAM TYPE: ICF/IID License Exp Dt: 11/14/2018	,STE 206 78209 FAX: (210) 805-0744
Facility Information: R&K SPECIALIZED HOMES, II 8711 OAK LEDGE DR. SAN ANTONIO Phone (210) 805-0802 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information:	TX Facility ID:	78217	0 0 0	ICF/IID: 6	R & K SPECIALIZED HOMES INC 1550 NE LOOP 410 SAN ANTONIO TX PHONE: (210) 805-0802 PROGRAM TYPE: ICF/IID License Exp Dt: 11/14/2018 Owner Information	,STE 206 78209 FAX: (210) 805-0744 SERVICE TYPE PRIVATELY OWNED
Facility Information: R&K SPECIALIZED HOMES, II 8711 OAK LEDGE DR. SAN ANTONIO Phone (210) 805-0802 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR	TX Facility ID:	78217	0 0 0	ICF/IID: 6	R & K SPECIALIZED HOMES INC 1550 NE LOOP 410 SAN ANTONIO TX PHONE: (210) 805-0802 PROGRAM TYPE: ICF/IID License Exp Dt: 11/14/2018 Owner Information REGENCY COMMUNITY SERVICES INC	,STE 206 78209 FAX: (210) 805-0744 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: R&K SPECIALIZED HOMES, II 8711 OAK LEDGE DR. SAN ANTONIO Phone (210) 805-0802 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: REGENCY COMMUNITY SER	TX Facility ID:	78217	0 0 0	ICF/IID: 6	R & K SPECIALIZED HOMES INC 1550 NE LOOP 410 SAN ANTONIO TX PHONE: (210) 805-0802 PROGRAM TYPE: ICF/IID License Exp Dt: 11/14/2018 Owner Information REGENCY COMMUNITY SERVICES INC 2391 NE LOOP 410	,STE 206 78209 FAX: (210) 805-0744 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO ,STE 403
Facility Information: R&K SPECIALIZED HOMES, II 8711 OAK LEDGE DR. SAN ANTONIO Phone (210) 805-0802 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: REGENCY COMMUNITY SER 2002 PINETREE LN	TX Facility ID: VICES INC PI	78217 Fax TITLE 18: TITLE19: TITLE 18/19: 007478 NETREE	0 0 0	ICF/IID: 6	R & K SPECIALIZED HOMES INC 1550 NE LOOP 410 SAN ANTONIO TX PHONE: (210) 805-0802 PROGRAM TYPE: ICF/IID License Exp Dt: 11/14/2018 Owner Information REGENCY COMMUNITY SERVICES INC 2391 NE LOOP 410 SAN ANTONIO TX	,STE 206
Facility Information: R&K SPECIALIZED HOMES, II 8711 OAK LEDGE DR. SAN ANTONIO Phone (210) 805-0802 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: REGENCY COMMUNITY SER 2002 PINETREE LN SAN ANTONIO	TX Facility ID: VICES INC PI	78217	0 0 0 Reg Svcs:	ICF/IID: 6	R & K SPECIALIZED HOMES INC 1550 NE LOOP 410 SAN ANTONIO TX PHONE: (210) 805-0802 PROGRAM TYPE: ICF/IID License Exp Dt: 11/14/2018 Owner Information REGENCY COMMUNITY SERVICES INC 2391 NE LOOP 410 SAN ANTONIO TX PHONE: (210) 403-9372	,STE 206 78209 FAX: (210) 805-0744 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO ,STE 403 78217 FAX: (210) 495-1538
Facility Information: R&K SPECIALIZED HOMES, II 8711 OAK LEDGE DR. SAN ANTONIO Phone (210) 805-0802 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: REGENCY COMMUNITY SER 2002 PINETREE LN SAN ANTONIO Phone (210) 403-9372	TX Facility ID: VICES INC PI	78217	0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID	R & K SPECIALIZED HOMES INC 1550 NE LOOP 410 SAN ANTONIO TX PHONE: (210) 805-0802 PROGRAM TYPE: ICF/IID License Exp Dt: 11/14/2018 Owner Information REGENCY COMMUNITY SERVICES INC 2391 NE LOOP 410 SAN ANTONIO TX	,STE 206
Facility Information: R&K SPECIALIZED HOMES, II 8711 OAK LEDGE DR. SAN ANTONIO Phone (210) 805-0802 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: REGENCY COMMUNITY SER 2002 PINETREE LN SAN ANTONIO Phone (210) 403-9372 TOTAL Lic Capacity: 0	TX Facility ID: VICES INC PI	78217 Fax TITLE 18: TITLE 19: TITLE 18/19: 007478 NETREE 78232 Fax TITLE 18:	0 0 0 Reg Svcs: (210) 495-1538 0	ICF/IID: 6 TEAM ICF-IID	R & K SPECIALIZED HOMES INC 1550 NE LOOP 410 SAN ANTONIO TX PHONE: (210) 805-0802 PROGRAM TYPE: ICF/IID License Exp Dt: 11/14/2018 Owner Information REGENCY COMMUNITY SERVICES INC 2391 NE LOOP 410 SAN ANTONIO TX PHONE: (210) 403-9372	,STE 206 78209 FAX: (210) 805-0744 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO ,STE 403 78217 FAX: (210) 495-1538
Facility Information: R&K SPECIALIZED HOMES, II 8711 OAK LEDGE DR. SAN ANTONIO Phone (210) 805-0802 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: REGENCY COMMUNITY SER 2002 PINETREE LN SAN ANTONIO Phone (210) 403-9372 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID: VICES INC PI	78217	0 0 0 Reg Svcs: (210) 495-1538 0	ICF/IID: 6 TEAM ICF-IID	R & K SPECIALIZED HOMES INC 1550 NE LOOP 410 SAN ANTONIO TX PHONE: (210) 805-0802 PROGRAM TYPE: ICF/IID License Exp Dt: 11/14/2018 Owner Information REGENCY COMMUNITY SERVICES INC 2391 NE LOOP 410 SAN ANTONIO TX PHONE: (210) 403-9372 PROGRAM TYPE: ICF/IID	,STE 206 78209 FAX: (210) 805-0744 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO ,STE 403 78217 FAX: (210) 495-1538
Facility Information: R&K SPECIALIZED HOMES, II 8711 OAK LEDGE DR. SAN ANTONIO Phone (210) 805-0802 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: REGENCY COMMUNITY SER 2002 PINETREE LN SAN ANTONIO Phone (210) 403-9372 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID: VICES INC PI	78217	0 0 0 Reg Svcs: (210) 495-1538 0 0	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	R & K SPECIALIZED HOMES INC 1550 NE LOOP 410 SAN ANTONIO TX PHONE: (210) 805-0802 PROGRAM TYPE: ICF/IID License Exp Dt: 11/14/2018 Owner Information REGENCY COMMUNITY SERVICES INC 2391 NE LOOP 410 SAN ANTONIO TX PHONE: (210) 403-9372 PROGRAM TYPE: ICF/IID	,STE 206 78209 FAX: (210) 805-0744 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO ,STE 403 78217 FAX: (210) 495-1538 SERVICE TYPE PRIVATELY OWNED
Facility Information: R&K SPECIALIZED HOMES, II 8711 OAK LEDGE DR. SAN ANTONIO Phone (210) 805-0802 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: REGENCY COMMUNITY SER 2002 PINETREE LN SAN ANTONIO Phone (210) 403-9372 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR	Facility ID: TX Facility ID: TX Facility ID:	78217	0 0 0 Reg Svcs: (210) 495-1538 0 0	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	R & K SPECIALIZED HOMES INC 1550 NE LOOP 410 SAN ANTONIO TX PHONE: (210) 805-0802 PROGRAM TYPE: ICF/IID License Exp Dt: 11/14/2018 Owner Information REGENCY COMMUNITY SERVICES INC 2391 NE LOOP 410 SAN ANTONIO TX PHONE: (210) 403-9372 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017	,STE 206 78209 FAX: (210) 805-0744 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO ,STE 403 78217 FAX: (210) 495-1538 SERVICE TYPE PRIVATELY OWNED
Facility Information: R&K SPECIALIZED HOMES, II 8711 OAK LEDGE DR. SAN ANTONIO Phone (210) 805-0802 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: REGENCY COMMUNITY SER 2002 PINETREE LN SAN ANTONIO Phone (210) 403-9372 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: ROLLING MEADOWS GROUP 7419 OBBLIGATO	Facility ID: TX Facility ID: TX Facility ID:	78217	0 0 0 Reg Svcs: (210) 495-1538 0 0	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	R & K SPECIALIZED HOMES INC 1550 NE LOOP 410 SAN ANTONIO TX PHONE: (210) 805-0802 PROGRAM TYPE: ICF/IID License Exp Dt: 11/14/2018 Owner Information REGENCY COMMUNITY SERVICES INC 2391 NE LOOP 410 SAN ANTONIO TX PHONE: (210) 403-9372 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information	,STE 206 78209 FAX: (210) 805-0744 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO ,STE 403 78217 FAX: (210) 495-1538 SERVICE TYPE PRIVATELY OWNED
Facility Information: R&K SPECIALIZED HOMES, II 8711 OAK LEDGE DR. SAN ANTONIO Phone (210) 805-0802 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: REGENCY COMMUNITY SER 2002 PINETREE LN SAN ANTONIO Phone (210) 403-9372 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: RCLLING MEADOWS GROUP 7419 OBBLIGATO SAN ANTONIO	Facility ID: TX Facility ID: TX Facility ID:	78217	0 0 0 Reg Svcs: (210) 495-1538 0 0 0	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	R & K SPECIALIZED HOMES INC 1550 NE LOOP 410 SAN ANTONIO TX PHONE: (210) 805-0802 PROGRAM TYPE: ICF/IID License Exp Dt: 11/14/2018 Owner Information REGENCY COMMUNITY SERVICES INC 2391 NE LOOP 410 SAN ANTONIO TX PHONE: (210) 403-9372 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information UCG CENTRAL TEXAS HOLDINGS LLC	,STE 206 78209 FAX: (210) 805-0744 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO ,STE 403 78217 FAX: (210) 495-1538 SERVICE TYPE PRIVATELY OWNED
Facility Information: R&K SPECIALIZED HOMES, II 8711 OAK LEDGE DR. SAN ANTONIO Phone (210) 805-0802 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: REGENCY COMMUNITY SER 2002 PINETREE LN SAN ANTONIO Phone (210) 403-9372 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: ROLLING MEADOWS GROUP 7419 OBBLIGATO SAN ANTONIO Phone (210) 651-1851	Facility ID: TX Facility ID: TX Facility ID:	78217	0 0 0 Reg Svcs: (210) 495-1538 0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6 TEAM ICF-IID	R & K SPECIALIZED HOMES INC 1550 NE LOOP 410 SAN ANTONIO TX PHONE: (210) 805-0802 PROGRAM TYPE: ICF/IID License Exp Dt: 11/14/2018 Owner Information REGENCY COMMUNITY SERVICES INC 2391 NE LOOP 410 SAN ANTONIO TX PHONE: (210) 403-9372 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK	,STE 206
Facility Information: R&K SPECIALIZED HOMES, II 8711 OAK LEDGE DR. SAN ANTONIO Phone (210) 805-0802 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: REGENCY COMMUNITY SER 2002 PINETREE LN SAN ANTONIO Phone (210) 403-9372 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: ROLLING MEADOWS GROUP 7419 OBBLIGATO SAN ANTONIO Phone (210) 651-1851 TOTAL Lic Capacity: 0	Facility ID: TX Facility ID: TX Facility ID:	78217	0 0 0 Reg Svcs: (210) 495-1538 0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	R & K SPECIALIZED HOMES INC 1550 NE LOOP 410 SAN ANTONIO TX PHONE: (210) 805-0802 PROGRAM TYPE: ICF/IID License Exp Dt: 11/14/2018 Owner Information REGENCY COMMUNITY SERVICES INC 2391 NE LOOP 410 SAN ANTONIO TX PHONE: (210) 403-9372 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK NEW BRAUNFELS TX	,STE 206
Facility Information: R&K SPECIALIZED HOMES, II 8711 OAK LEDGE DR. SAN ANTONIO Phone (210) 805-0802 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: REGENCY COMMUNITY SER 2002 PINETREE LN SAN ANTONIO Phone (210) 403-9372 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: ROLLING MEADOWS GROUP 7419 OBBLIGATO SAN ANTONIO Phone (210) 651-1851	Facility ID: TX Facility ID: TX Facility ID:	78217	0 0 0 Reg Svcs: (210) 495-1538 0 0 0 Reg Svcs: (214) 723-5331 0	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6 TEAM ICF-IID	R & K SPECIALIZED HOMES INC 1550 NE LOOP 410 SAN ANTONIO TX PHONE: (210) 805-0802 PROGRAM TYPE: ICF/IID License Exp Dt: 11/14/2018 Owner Information REGENCY COMMUNITY SERVICES INC 2391 NE LOOP 410 SAN ANTONIO TX PHONE: (210) 403-9372 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK NEW BRAUNFELS TX PHONE: (830) 372-2920	,STE 206 78209 FAX: (210) 805-0744 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO ,STE 403 78217 FAX: (210) 495-1538 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 78130 FAX: (214) 723-5331

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County BEXAR			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	007362	-		Owner Information	
RUSTLING WAY					EDUCARE COMMUNITY LIVING CORP	ORATION - TEXAS
6342 RUSTLING WAY SAN ANTONIO	TX	78249			9901 LINN STATION RD	
Phone (210) 697-9511	17	Fax			LOUISVILLE KY	40223
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (502) 394-2100	FAX : (502) 394-2285
Cert Alzh Capacity: 0		TITLE 10.		ICI/IID. 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 01/27/2018	
			Reg Svcs:	TEAM ICF-IID		Posion 00 CAN ANTONIO
County BEXAR Facility Information:	Facility ID:	007287	Reg Svcs.	I EAW ICF-IID	Owner Information	Region 08 - SAN ANTONIO
SAGE TRAIL		001201			EDUCARE COMMUNITY LIVING CORP	ORATION - TEXAS
14231 SAGE TRL					9901 LINN STATION RD	
SAN ANTONIO	TX	78231			LOUISVILLE KY	40223
Phone (210) 493-8809		Fax			PHONE : (502) 394-2100	FAX : (502) 394-2285
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:				TIME IN THE PROPERTY OF THE PARTY OF THE PAR
PRIVATE Beds: 0		TITLE 18/19:	U		License Exp Dt: 12/01/2016	
County BEXAR			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	007114			Owner Information	
SAN ANTONIO STATE SUPPO 6711 S NEW BRAUNFELS AV		CENTER			DADS	
SAN ANTONIO	TX	78223			PO BOX 12668	70711
Phone (210) 532-9610		Fax	(210) 531-5183		AUSTIN TX	78711
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 339	PHONE : (512) 454-3761	FAX:
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE STATE SCHOOL/STATE CENTER
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt:	
County BEXAR			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	007811			Owner Information	
SHADYWOOD					EDUCARE COMMUNITY LIVING CORP	ORATION - TEXAS
215 SHADYWOOD SAN ANTONIO	TX	78216			9901 LINN STATION RD	
Phone (210) 829-0024		Fax			LOUISVILLE KY	40223
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (502) 394-2100	FAX: (502) 394-2285
Cert Alzh Capacity: 0		TITLE 19:		IOI /IID.	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 11/01/2017	
			Reg Svcs:	TEAM IOT IID		Pagion 00 CAN ANTONIO
County BEXAR Facility Information:	Facility ID:	007603	reg SVCS:	TEAM ICF-IID	Owner Information	Region 08 - SAN ANTONIO
SILVER QUAIL	. aomity ID.	001000			HOME AT SILVER QUAIL INC	
8706 SILVER QUAIL					8706 SILVER QUAIL	
SAN ANTONIO	TX	78250	(a.a.) =====		SAN ANTONIO TX	78250
Phone (210) 509-3548		Fax	(210) 509-0586		PHONE : (210) 509-0114	FAX: (210) 509-0586
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:				CENTICE IT INVALLE OWNED
PRIVATE Beds: 0		TITLE 18/19:	U		License Exp Dt: 10/01/2017	
County BEXAR			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	007481			Owner Information	
SPRING DOVE					SOUTH TEXAS COMMUNITY LIVING C	
5822 SPRING DOVE SAN ANTONIO	TX	78247			18 AUGUSTA PINES DR	,STE 140 E
Phone (210) 590-1346		Fax	(210) 494-7228		SPRING TX	77389
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE: (281) 351-1758	FAX: (210) 255-4500
Cert Alzh Capacity: 0		TITLE19:		-	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 03/01/2018	

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County BEXAR			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	003681	Ney 3vcs.	I LAW IOI -IID	Owner Information	Nogion 00 - Onia Ala I Olaio
SPRING HARVEST HOUSE					EDUCARE COMMUNITY LIVING CORPO	ORATION - TEXAS
9714 SPRING HARVEST					9901 LINN STATION RD	
SAN ANTONIO	TX	78254-6105			LOUISVILLE KY	40223
Phone (210) 681-8776		Fax			PHONE : (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0 PRIVATE Beds: 0		TITLE19:				
PRIVATE Beds: 0		TITLE 18/19:	U		License Exp Dt: 06/20/2018	
County BEXAR			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	101810			Owner Information	
STORMY SUNSET 5223 STORMY SUNSET					EDUCARE COMMUNITY LIVING CORPO	DRATION - TEXAS
SAN ANTONIO	TX	78247			9901 LINN STATION RD	40222
Phone (210) 590-6745		Fax			LOUISVILLE KY	40223
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (502) 394-2100	FAX: (502) 394-2285
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 11/01/2017	
County BEXAR			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	003633	Ü		Owner Information	· ·
SUNNY GROVE					REACHING MAXIMUM INDEPENDENCE	EINC
4706 SUNNY GROVE SAN ANTONIO	TX	78217			6336 MONTGOMERY DR	
Phone (210) 655-9353	14	Fax	(210) 656-0199		SAN ANTONIO TX	78239
TOTAL Lic Capacity: 0		TITLE 18:	, ,	ICF/IID: 6	PHONE: (210) 656-6674	FAX: (210) 656-0199
Cert Alzh Capacity: 0		TITLE 10.		ICI/IID. 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 12/18/2017	
			•		2.00m00 2xp 2ti 12,10/20 11	
County BEXAR	Facility ID:	007520	Reg Svcs:	TEAM ICF-IID	Ourse Information	Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	007520	Reg Svcs:	TEAM ICF-IID	Owner Information	Region 08 - SAN ANTONIO
•	Facility ID:	007520	Reg Svcs:	TEAM ICF-IID	DREAMS COME TRUE INC	Region 08 - SAN ANTONIO
Facility Information: SWANDALE	Facility ID:	007520 78230	Reg Svcs:	TEAM ICF-IID	DREAMS COME TRUE INC 3242 SWANDALE ST	Ü
Facility Information: SWANDALE 3242 SWANDALE	·		Reg Svcs: (210) 308-7411	TEAM ICF-IID	DREAMS COME TRUE INC 3242 SWANDALE ST SAN ANTONIO TX	78230
Facility Information: SWANDALE 3242 SWANDALE SAN ANTONIO Phone (210) 979-6420 TOTAL Lic Capacity: 0	·	78230	(210) 308-7411	TEAM ICF-IID ICF/IID: 6	DREAMS COME TRUE INC 3242 SWANDALE ST SAN ANTONIO TX PHONE: (210) 979-6420	78230 FAX: (210) 308-7411
Facility Information: SWANDALE 3242 SWANDALE SAN ANTONIO Phone (210) 979-6420 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	78230 Fax TITLE 18: TITLE19:	(210) 308-7411 0		DREAMS COME TRUE INC 3242 SWANDALE ST SAN ANTONIO TX PHONE: (210) 979-6420 PROGRAM TYPE: ICF/IID	78230
Facility Information: SWANDALE 3242 SWANDALE SAN ANTONIO Phone (210) 979-6420 TOTAL Lic Capacity: 0	·	78230 Fax TITLE 18:	(210) 308-7411 0		DREAMS COME TRUE INC 3242 SWANDALE ST SAN ANTONIO TX PHONE: (210) 979-6420	78230 FAX: (210) 308-7411
Facility Information: SWANDALE 3242 SWANDALE SAN ANTONIO Phone (210) 979-6420 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	78230 Fax TITLE 18: TITLE19:	(210) 308-7411 0		DREAMS COME TRUE INC 3242 SWANDALE ST SAN ANTONIO TX PHONE: (210) 979-6420 PROGRAM TYPE: ICF/IID	78230 FAX: (210) 308-7411
Facility Information: SWANDALE 3242 SWANDALE SAN ANTONIO Phone (210) 979-6420 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	78230 Fax TITLE 18: TITLE19:	(210) 308-7411 0 0	ICF/IID: 6	DREAMS COME TRUE INC 3242 SWANDALE ST SAN ANTONIO TX PHONE: (210) 979-6420 PROGRAM TYPE: ICF/IID	78230 FAX: (210) 308-7411 SERVICE TYPE PRIVATELY OWNED
Facility Information: SWANDALE 3242 SWANDALE SAN ANTONIO Phone (210) 979-6420 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: THATCH	тх	78230 Fax TITLE 18: TITLE19: TITLE 18/19:	(210) 308-7411 0 0	ICF/IID: 6	DREAMS COME TRUE INC 3242 SWANDALE ST SAN ANTONIO TX PHONE: (210) 979-6420 PROGRAM TYPE: ICF/IID License Exp Dt: 03/25/2018	78230 FAX: (210) 308-7411 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: SWANDALE 3242 SWANDALE SAN ANTONIO Phone (210) 979-6420 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information:	тх	78230 Fax TITLE 18: TITLE19: TITLE 18/19:	(210) 308-7411 0 0	ICF/IID: 6	DREAMS COME TRUE INC 3242 SWANDALE ST SAN ANTONIO TX PHONE: (210) 979-6420 PROGRAM TYPE: ICF/IID License Exp Dt: 03/25/2018 Owner Information EDUCARE COMMUNITY LIVING CORPORED 1 LINN STATION RD	78230 FAX: (210) 308-7411 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO DRATION - TEXAS
Facility Information: SWANDALE 3242 SWANDALE SAN ANTONIO Phone (210) 979-6420 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: THATCH 8820 THATCH	TX Facility ID:	78230 Fax TITLE 18: TITLE19: TITLE 18/19:	(210) 308-7411 0 0	ICF/IID: 6	DREAMS COME TRUE INC 3242 SWANDALE ST SAN ANTONIO TX PHONE: (210) 979-6420 PROGRAM TYPE: ICF/IID License Exp Dt: 03/25/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO	78230 FAX: (210) 308-7411 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO DRATION - TEXAS 40223
Facility Information: SWANDALE 3242 SWANDALE SAN ANTONIO Phone (210) 979-6420 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: THATCH 8820 THATCH SAN ANTONIO	TX Facility ID:	78230 Fax TITLE 18: TITLE 19: TITLE 18/19: 007639 78240	(210) 308-7411 0 0 0 Reg Svcs:	ICF/IID: 6	DREAMS COME TRUE INC 3242 SWANDALE ST SAN ANTONIO TX PHONE: (210) 979-6420 PROGRAM TYPE: ICF/IID License Exp Dt: 03/25/2018 Owner Information EDUCARE COMMUNITY LIVING CORPORED 1 LINN STATION RD	78230 FAX: (210) 308-7411 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO DRATION - TEXAS
Facility Information: SWANDALE 3242 SWANDALE SAN ANTONIO Phone (210) 979-6420 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: THATCH 8820 THATCH SAN ANTONIO Phone (210) 509-8189	TX Facility ID:	78230 Fax TITLE 18: TITLE 19: TITLE 18/19: 007639 78240 Fax	(210) 308-7411 0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID	DREAMS COME TRUE INC 3242 SWANDALE ST SAN ANTONIO TX PHONE: (210) 979-6420 PROGRAM TYPE: ICF/IID License Exp Dt: 03/25/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY	78230 FAX: (210) 308-7411 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO DRATION - TEXAS 40223
Facility Information: SWANDALE 3242 SWANDALE SAN ANTONIO Phone (210) 979-6420 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: THATCH 8820 THATCH SAN ANTONIO Phone (210) 509-8189 TOTAL Lic Capacity: 0	TX Facility ID:	78230 Fax TITLE 18: TITLE 19: TITLE 18/19: 007639 78240 Fax TITLE 18:	(210) 308-7411 0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID	DREAMS COME TRUE INC 3242 SWANDALE ST SAN ANTONIO TX PHONE: (210) 979-6420 PROGRAM TYPE: ICF/IID License Exp Dt: 03/25/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100	78230 FAX: (210) 308-7411 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO DRATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: SWANDALE 3242 SWANDALE SAN ANTONIO Phone (210) 979-6420 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: THATCH 8820 THATCH SAN ANTONIO Phone (210) 509-8189 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	78230	(210) 308-7411 0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	DREAMS COME TRUE INC 3242 SWANDALE ST SAN ANTONIO TX PHONE: (210) 979-6420 PROGRAM TYPE: ICF/IID License Exp Dt: 03/25/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	78230 FAX: (210) 308-7411 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
Facility Information: SWANDALE 3242 SWANDALE SAN ANTONIO Phone (210) 979-6420 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: THATCH 8820 THATCH SAN ANTONIO Phone (210) 509-8189 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	78230	(210) 308-7411 0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID	DREAMS COME TRUE INC 3242 SWANDALE ST SAN ANTONIO TX PHONE: (210) 979-6420 PROGRAM TYPE: ICF/IID License Exp Dt: 03/25/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	78230 FAX: (210) 308-7411 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO DRATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: SWANDALE 3242 SWANDALE SAN ANTONIO Phone (210) 979-6420 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: THATCH 8820 THATCH SAN ANTONIO Phone (210) 509-8189 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR	TX Facility ID:	78230	(210) 308-7411 0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	DREAMS COME TRUE INC 3242 SWANDALE ST SAN ANTONIO TX PHONE: (210) 979-6420 PROGRAM TYPE: ICF/IID License Exp Dt: 03/25/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2018	78230 FAX: (210) 308-7411 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: SWANDALE 3242 SWANDALE SAN ANTONIO Phone (210) 979-6420 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: THATCH 8820 THATCH SAN ANTONIO Phone (210) 509-8189 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Total Lic Capacity: 0 County BEXAR Facility Information: TIMBER MEADOW 5401 TIMBER MEADOW	TX Facility ID: TX Facility ID:	78230	(210) 308-7411 0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	DREAMS COME TRUE INC 3242 SWANDALE ST SAN ANTONIO TX PHONE: (210) 979-6420 PROGRAM TYPE: ICF/IID License Exp Dt: 03/25/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2018	78230 FAX: (210) 308-7411 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: SWANDALE 3242 SWANDALE SAN ANTONIO Phone (210) 979-6420 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: THATCH 8820 THATCH SAN ANTONIO Phone (210) 509-8189 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: THATCH SAN ANTONIO Phone (210) 509-8189 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: TIMBER MEADOW 5401 TIMBER MEADOW SAN ANTONIO	TX Facility ID:	78230	(210) 308-7411 0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	DREAMS COME TRUE INC 3242 SWANDALE ST SAN ANTONIO TX PHONE: (210) 979-6420 PROGRAM TYPE: ICF/IID License Exp Dt: 03/25/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO PROGRAM TYPE: ICF/IID	78230 FAX: (210) 308-7411 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: SWANDALE 3242 SWANDALE SAN ANTONIO Phone (210) 979-6420 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: THATCH 8820 THATCH SAN ANTONIO Phone (210) 509-8189 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: THATCH SAN ANTONIO Phone (210) 509-8189 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: TIMBER MEADOW 5401 TIMBER MEADOW SAN ANTONIO Phone (210) 680-1818	TX Facility ID: TX Facility ID:	78230	(210) 308-7411 0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6 TEAM ICF-IID	DREAMS COME TRUE INC 3242 SWANDALE ST SAN ANTONIO TX PHONE: (210) 979-6420 PROGRAM TYPE: ICF/IID License Exp Dt: 03/25/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9001 LINN STATION RD	78230 FAX: (210) 308-7411 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO DRATION - TEXAS
Facility Information: SWANDALE 3242 SWANDALE SAN ANTONIO Phone (210) 979-6420 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: THATCH 8820 THATCH SAN ANTONIO Phone (210) 509-8189 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: TIMBER MEADOW 5401 TIMBER MEADOW SAN ANTONIO Phone (210) 680-1818 TOTAL Lic Capacity: 0	TX Facility ID: TX Facility ID:	78230	(210) 308-7411 0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	DREAMS COME TRUE INC 3242 SWANDALE ST SAN ANTONIO TX PHONE: (210) 979-6420 PROGRAM TYPE: ICF/IID License Exp Dt: 03/25/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	78230 FAX: (210) 308-7411 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO DRATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: SWANDALE 3242 SWANDALE SAN ANTONIO Phone (210) 979-6420 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: THATCH 8820 THATCH SAN ANTONIO Phone (210) 509-8189 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: THATCH SAN ANTONIO Phone (210) 509-8189 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County BEXAR Facility Information: TIMBER MEADOW 5401 TIMBER MEADOW SAN ANTONIO Phone (210) 680-1818	TX Facility ID: TX Facility ID:	78230	(210) 308-7411 0 0 0 Reg Svcs: 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6 TEAM ICF-IID	DREAMS COME TRUE INC 3242 SWANDALE ST SAN ANTONIO TX PHONE: (210) 979-6420 PROGRAM TYPE: ICF/IID License Exp Dt: 03/25/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY	78230 FAX: (210) 308-7411 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO DRATION - TEXAS 40223

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Facility Information: Facility ID: 101823 Owner Information	
17002 VISTA BRIAR DR SAN ANTONIO TX 78247 Phone (210) 599-4030 Fax 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100	
SAN ANTONIO TX 78247 Phone (210) 599-4030 Fax PHONE: (502) 394-2100	PRATION - TEXAS
Phone (210) 599-4030 Fax LOUISVILLE KY PHONE: (502) 394-2100	
PHONE: (502) 394-2100	40223
	FAX : (502) 394-2285
DDOCRAM TVDE. ICE/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0 TITLE19: 0 FROGRAM 1TFE. ICE/IIID PRIVATE Beds: 0 TITLE 18/19: 0 License Exp Dt: 11/01/2017	
County BEXAR Reg Svcs: TEAM ICF-IID Facility Information: Facility ID: 007488 Owner Information	Region 08 - SAN ANTONIO
VISTA CREEK COMMUNITY HOME SOUTH TEXAS COMMUNITY LIVING CO)RP
5403 VISTA CREEK 18 AUGUSTA PINES DR	,STE 140 E
SAN ANTONIO TX 78247 SPRING TX	77389
Phone (210) 599-3624 Fax (210) 494-7228 PHONE: (281) 351-1758	FAX : (210) 255-4500
TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6	,
Cert Alzh Capacity: 0 TITLE19: 0 PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0 TITLE 18/19: 0 License Exp Dt: 03/01/2018	
County BEXAR Reg Svcs: TEAM ICF-IID	Region 08 - SAN ANTONIO
Facility Information: Facility ID: 102604 Owner Information	
VISTA RUN EDUCARE COMMUNITY LIVING CORPO	DRATION - TEXAS
5303 VISTA RUN SAN ANTONIO TX 78247 9901 LINN STATION RD	
Phone (210) 653-8261 Fax LOUISVILLE KY	40223
TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6 PHONE: (502) 394-2100	FAX: (502) 394-2285
Cert Alzh Capacity: 0 TITLE19: 0 PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0 TITLE 18/19: 0 License Exp Dt: 11/01/2017	
County BEXAR Reg Svcs: TEAM ICF-IID	Region 08 - SAN ANTONIO
Facility Information: Facility ID: 007291 Owner Information	•
WELLES HARBOR REACHING MAXIMUM INDEPENDENCE	INC
8730 WELLES HARBOR SAN ANTONIO TV 78240	
SAN ANTONIO TX 78240 Phone (210) 558-6998 Fax (210) 656-0199 SAN ANTONIO TX	78239
PHONE: (210) 656-6674	FAX: (210) 656-0199
TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6 Cert Alzh Capacity: 0 TITLE19: 0 PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzii Capacity. U III E. 19.	
<u> </u>	
County BEXAR Reg Svcs: TEAM ICF-IID	Region 08 - SAN ANTONIO
•	DATION TEVAS
Facility Information: Facility ID: 007550 Owner Information	NATION - ILAMO
Facility Information: Facility ID: 007550 WESTERN PINE WOODS 4607 WESTERN DINE WOODS EDUCARE COMMUNITY LIVING CORPO	
Facility Information: Facility ID: 007550 Owner Information WESTERN PINE WOODS 4507 WESTERN PINE WOODS SAN ANTONIO TX 78249 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD	40223
Facility Information: Facility ID: 007550 Owner Information WESTERN PINE WOODS EDUCARE COMMUNITY LIVING CORPO 4507 WESTERN PINE WOODS 9901 LINN STATION RD SAN ANTONIO TX 78249 Phone (210) 493-8995 Fax	40223
Name	FAX : (502) 394-2285
Facility Information: Facility ID: 007550 Owner Information	
Facility Information: Facility ID: 007550 00000000000000000000000000	FAX : (502) 394-2285
MESTERN PINE WOODS	FAX : (502) 394-2285
County BEXAR Facility ID: 007420 007420 007420 007420 007420 007420 00755	FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
MESTERN PINE WOODS	FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Pacility Information: Facility ID: 007550	FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO PRATION - TEXAS
Pacility Information: Facility ID: 007550	FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Pacility Information: Facility ID: 007550	FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO PRATION - TEXAS
Pacility Information: Facility ID: 007550	FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO PRATION - TEXAS 40223

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County BEXAR		Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information: Facility ID	007319		-	Owner Information	•
WOODLAND HILLS				R & K SPECIALIZED HOMES INC	
9418 WOODLAND HILLS	70050			1550 NE LOOP 410	,STE 206
SAN ANTONIO TX Phone (210) 680-3632	78250 Fax			SAN ANTONIO TX	78209
(','		0	IOF/IID.	PHONE : (210) 805-0802	FAX: (210) 805-0744
TOTAL Lic Capacity: 0	TITLE 18: TITLE19:		ICF/IID: 6	PROGRAM TYPE: CF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0 PRIVATE Beds: 0	TITLE 18/19:			License Exp Dt: 09/27/2017	
	111111111111111111111111111111111111111			Cicense Exp Dt. 09/27/2017	
County BEXAR Facility Information: Facility ID): 007250	Reg Svcs:	TEAM ICF-IID	Owner Information	Region 08 - SAN ANTONIO
COUNCIL OAKS AT PHOENIX	. 001200			COUNCIL OAKS COMMUNITY OPTION:	SLTD
8418 PHOENIX				11901 TOEPPERWEIN	,STE 1001
SELMA TX	78154			SAN ANTONIO TX	78233
Phone (210) 945-8038	Fax			PHONE : (210) 646-0717	FAX : (210) 599-9789
TOTAL Lic Capacity: 0	TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	, ,
Cert Alzh Capacity: 0	TITLE19:				SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19:	0		License Exp Dt: 11/01/2017	
County BEXAR		Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information: Facility ID	003948			Owner Information	
GUILFORD FORGE COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITE	D PARTNERSHIP
250 GUILFORD FORGE UNIVERSAL CITY TX	78148-3615			9901 LINN STATION ROAD	
Phone (210) 658-0412	Fax			LOUISVILLE KY	40223-3808
TOTAL Lic Capacity: 0	TITLE 18:	0	ICF/IID: 6	PHONE : (502) 394-2100	FAX: (502) 394-2285
Cert Alzh Capacity: 0	TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19:	0		License Exp Dt: 01/01/2017	
County BOWIE		Reg Svcs:	ICF/IID TEAM		Region 04 - TYLER
Facility Information: Facility ID	003645	-		Owner Information	
EVERGREEN NORTHWOOD COMMUNIT	Y HOME			EVERGREEN PRESBYTERIAN MINISTR	RIES OF TEXAS INC
113 NORTHWOOD NASH TX	75569			10810 SANDEN DR	
TA IA	10000				
Phone (903) 831-4239	Fax	(903) 792-1861		DALLAS TX	75238
		•	ICE/IID: 6	DALLAS TX PHONE: (972) 386-4834	75238 FAX:
TOTAL Lic Capacity: 0	Fax TITLE 18: TITLE19:	0	ICF/IID: 6		
	TITLE 18:	0	ICF/IID: 6	PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID	FAX:
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TITLE 18: TITLE19:	0 0 0		PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID	FAX: SERVICE TYPE PRIVATELY OWNED
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BOWIE	TITLE 18: TITLE19: TITLE 18/19:	0	ICF/IID: 6 ICF/IID TEAM	PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 02/23/2018	FAX:
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BOWIE Facility Information: Facility ID	TITLE 18: TITLE19: TITLE 18/19:	0 0 0		PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 02/23/2018 Owner Information	FAX: SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BOWIE	TITLE 18: TITLE19: TITLE 18/19:	0 0 0		PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 02/23/2018 Owner Information EVERGREEN PRESBYTERIAN MINISTR	FAX: SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BOWIE Facility Information: Facility IE EVERGREEN COOPER LANE COMMUNI: 3312 COOPER LN TEXARKANA TX	TITLE 18: TITLE19: TITLE 18/19: 0: 003628 TY HOME 75503	0 0 0 Reg Svcs:		PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 02/23/2018 Owner Information	FAX: SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BOWIE Facility Information: Facility IE EVERGREEN COOPER LANE COMMUNIT 3312 COOPER LN	TITLE 18: TITLE19: TITLE 18/19: 0: 003628 TY HOME	0 0 0		PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 02/23/2018 Owner Information EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX	FAX: SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER RIES OF TEXAS INC 75238
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BOWIE Facility Information: Facility IE EVERGREEN COOPER LANE COMMUNIT 3312 COOPER LN TEXARKANA TX Phone (903) 831-4632 TOTAL Lic Capacity: 0	TITLE 18: TITLE19: TITLE 18/19: 0: 003628 TY HOME 75503 Fax TITLE 18:	0 0 0 Reg Svcs: (903) 792-1861		PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 02/23/2018 Owner Information EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX PHONE: (972) 386-4834	FAX: SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER RIES OF TEXAS INC 75238 FAX:
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BOWIE Facility Information: Facility IE EVERGREEN COOPER LANE COMMUNIT 3312 COOPER LN TEXARKANA TX Phone (903) 831-4632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TITLE 18: TITLE19: TITLE 18/19: 0: 003628 TY HOME 75503 Fax TITLE 18: TITLE 19:	0 0 0 Reg Svcs: (903) 792-1861 0	ICF/IID TEAM	PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 02/23/2018 Owner Information EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID	FAX: SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER RIES OF TEXAS INC 75238
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BOWIE Facility Information: Facility IE EVERGREEN COOPER LANE COMMUNIT 3312 COOPER LN TEXARKANA TX Phone (903) 831-4632 TOTAL Lic Capacity: 0	TITLE 18: TITLE19: TITLE 18/19: 0: 003628 TY HOME 75503 Fax TITLE 18:	0 0 0 Reg Svcs: (903) 792-1861 0	ICF/IID TEAM	PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 02/23/2018 Owner Information EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX PHONE: (972) 386-4834	FAX: SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER RIES OF TEXAS INC 75238 FAX:
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BOWIE Facility Information: Facility IE EVERGREEN COOPER LANE COMMUNIT 3312 COOPER LN TEXARKANA TX Phone (903) 831-4632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TITLE 18: TITLE19: TITLE 18/19: 0: 003628 TY HOME 75503 Fax TITLE 18: TITLE 19:	0 0 0 Reg Svcs: (903) 792-1861 0	ICF/IID TEAM	PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 02/23/2018 Owner Information EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID	FAX: SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER RIES OF TEXAS INC 75238 FAX:
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BOWIE Facility Information: Facility IE EVERGREEN COOPER LANE COMMUNIT 3312 COOPER LN TEXARKANA TX Phone (903) 831-4632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BOWIE Facility Information: Facility IE	TITLE 18: TITLE 19: TITLE 18/19: 0: 003628 TY HOME 75503 Fax TITLE 18: TITLE 19: TITLE 18/19:	0 0 0 Reg Svcs: (903) 792-1861 0 0	ICF/IID TEAM ICF/IID: 6	PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 02/23/2018 Owner Information EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 11/21/2017	FAX: SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER RIES OF TEXAS INC 75238 FAX: SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BOWIE Facility Information: Facility IE EVERGREEN COOPER LANE COMMUNIT 3312 COOPER LN TEXARKANA TX Phone (903) 831-4632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BOWIE Facility Information: Facility IE EVERGREEN FORTUNE COMMUNITY HO	TITLE 18: TITLE 19: TITLE 18/19: 0: 003628 TY HOME 75503 Fax TITLE 18: TITLE 19: TITLE 18/19:	0 0 0 Reg Svcs: (903) 792-1861 0 0	ICF/IID TEAM ICF/IID: 6	PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 02/23/2018 Owner Information EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 11/21/2017	FAX: SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER RIES OF TEXAS INC 75238 FAX: SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BOWIE Facility Information: Facility ID EVERGREEN COOPER LANE COMMUNIT 3312 COOPER LN TEXARKANA TX Phone (903) 831-4632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BOWIE Facility Information: Facility ID	TITLE 18: TITLE 19: TITLE 18/19: 0: 003628 TY HOME 75503 Fax TITLE 18: TITLE 19: TITLE 18/19:	0 0 0 Reg Svcs: (903) 792-1861 0 0	ICF/IID TEAM ICF/IID: 6	PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 02/23/2018 Owner Information EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 11/21/2017 Owner Information EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR	FAX: SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER RIES OF TEXAS INC 75238 FAX: SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER RIES OF TEXAS INC
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BOWIE Facility Information: Facility IE EVERGREEN COOPER LANE COMMUNIT 3312 COOPER LN TEXARKANA TX Phone (903) 831-4632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BOWIE Facility Information: Facility IE EVERGREEN FORTUNE COMMUNITY HO 3002 FORTUNE AVE	TITLE 18: TITLE 19: TITLE 18/19: 0: 003628 TY HOME 75503 Fax TITLE 18: TITLE 19: TITLE 18/19: 0: 007248 DME	0 0 0 Reg Svcs: (903) 792-1861 0 0	ICF/IID TEAM ICF/IID: 6	PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 02/23/2018 Owner Information EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 11/21/2017 Owner Information EVERGREEN PRESBYTERIAN MINISTR	FAX: SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER RIES OF TEXAS INC 75238 FAX: SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BOWIE Facility Information: Facility IE EVERGREEN COOPER LANE COMMUNIT 3312 COOPER LN TEXARKANA TX Phone (903) 831-4632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BOWIE Facility Information: Facility IE EVERGREEN FORTUNE COMMUNITY HO 3002 FORTUNE AVE TEXARKANA TX Phone (903) 838-5625	TITLE 18: TITLE 19: TITLE 18/19: 0: 003628 TY HOME 75503 Fax TITLE 18: TITLE 19: TITLE 19: TITLE 18/19: 0: 007248 DME 75503	0 0 0 Reg Svcs: (903) 792-1861 0 0 Reg Svcs:	ICF/IID TEAM ICF/IID: 6	PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 02/23/2018 Owner Information EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 11/21/2017 Owner Information EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR	FAX: SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER RIES OF TEXAS INC 75238 FAX: SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER RIES OF TEXAS INC
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BOWIE Facility Information: Facility ID EVERGREEN COOPER LANE COMMUNIT 3312 COOPER LN TEXARKANA TX Phone (903) 831-4632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BOWIE Facility Information: Facility ID EVERGREEN FORTUNE COMMUNITY HO 3002 FORTUNE AVE TEXARKANA TX	TITLE 18: TITLE 19: TITLE 18/19: 0: 003628 TY HOME 75503 Fax TITLE 18: TITLE 19: TITLE 18/19: 0: 007248 DME 75503 Fax Fax	0 0 0 Reg Svcs: (903) 792-1861 0 0 Reg Svcs:	ICF/IID TEAM ICF/IID: 6 ICF/IID TEAM	PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 02/23/2018 Owner Information EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 11/21/2017 Owner Information EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX TX DALLAS TX TX TX TX TX TX TX TX TX TX	FAX: SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER RIES OF TEXAS INC 75238 FAX: SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER RIES OF TEXAS INC 75238

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County BOWIE Reg Svcs: ICF/IID TEAM Region 04 - TYLER Facility ID: Facility Information: 003637 Owner Information **EVERGREEN MARYLAND COMMUNITY HOME** EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC 106 MARYLAND 10810 SANDEN DR TEXARKANA TX 75501 DALLAS TX 75238 Phone (903) 831-4967 Fax (903) 792-1861 PHONE: FAX: (972) 386-4834 ICF/IID: 6 TOTAL Lic Capacity: 0 TITLE 18: 0 PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED Cert Alzh Capacity: 0 TITLE19: 0 PRIVATE Beds: 0 TITLE 18/19: 0 License Exp Dt: 01/31/2018 County BOWIE ICE/IID TEAM 04 - TYLER Reg Svcs: Region **Facility Information:** Facility ID: 003638 **Owner Information** EVERGREEN MEADOW LANE COMMUNITY HOME EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC #20 MEADOW LN 10810 SANDEN DR TEXARKANA TX 75503 DALLAS TX 75238 Phone (903) 792-2529 Fax (903) 792-1861 PHONE: (972) 386-4834 FAX: TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6 PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED Cert Alzh Capacity: 0 **TITLE19**: 0 PRIVATE Beds: 0 TITLE 18/19: 0 License Exp Dt: 12/22/2016 County BOWIE ICF/IID TEAM 04 - TYI FR Reg Svcs: Region **Facility Information:** Facility ID: 007203 **Owner Information** EVERGREEN MOORES LANE COMMUNITY HOME EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC 3611 MOORES LN 10810 SANDEN DR TEXARKANA TX 75503 ΤX 75238 **DALLAS** (903) 832-2682 (903) 792-1861 Phone Fax FAX: PHONE: (972) 386-4834 TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6 PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED **TITLE19**: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 TITLE 18/19: Λ License Exp Dt: 10/10/2017 Reg Svcs: ICF/IID TEAM 04 - TYLER County BOWIE Region Facility Information: Facility ID: 007403 **Owner Information** EVERGREEN PINE KNOLL COMMUNITY HOME EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC 3603 PINE KNOLL 10810 SANDEN DR TEXARKANA 75503 TX DALLAS ΤX 75238 Phone (903) 793-0193 Fax (903) 793-3129 PHONE: (972) 386-4834 FAX: TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6 PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED Cert Alzh Capacity: 0 TITLE19: 0 PRIVATE Beds: 0 TITLE 18/19: License Exp Dt: 03/05/2018 County BOWIE Reg Svcs: ICF/IID TEAM Region 04 - TYLER **Facility Information:** Facility ID: 007617 Owner Information NEW HORIZONS ELIZABETH HORIZONS GENERAL PARTNERSHIP 4820 ELIZABETH ST 4904 ELIZABETH ST ΤX TEXARKANA 75503 **TEXARKANA** TX 75503 (903) 794-0509 Fax (903) 793-6460 PHONE: (903) 794-0509 FAX: (903) 793-6460 TITLE 18: 0 TOTAL Lic Capacity: 0 ICF/IID: 6 PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED Cert Alzh Capacity: 0 TITLE19: 0 PRIVATE Beds: 0 TITLE 18/19: 0 License Exp Dt: 07/22/2018 County BOWIE Reg Svcs: ICF/IID TEAM Region 04 - TYLER **Facility Information:** Facility ID: 007408 Owner Information NEW HORIZONS MAGNOLIA HORIZONS GENERAL PARTNERSHIP 4125 MAGNOLIA ST 4904 ELIZABETH ST TEXARKANA TX 75503 **TEXARKANA** TX 75503 Phone (903) 794-0509 (903) 793-6460 Fax PHONE: (903) 794-0509 FAX: (903) 793-6460 TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6 PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED Cert Alzh Capacity: 0 TITLE19: 0 PRIVATE Beds: 0 TITLE 18/19: License Exp Dt: 05/15/2018

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County BOWIE			Reg Svcs:	ICF/IID TEAM		Region 04 - TYLER
Facility Information:	Facility ID:	007569	•		Owner Information	v
NEW HORIZONS STILLWELL					HORIZONS GENERAL PARTNERSHIP	
2611 STILLWELL DR TEXARKANA	TX	75503			4904 ELIZABETH ST	
Phone (903) 794-0509	IA	Fax	(903) 793-6460		TEXARKANA TX	75503
TOTAL Lic Capacity: 0		TITLE 18:	, ,	ICF/IID: 6	PHONE : (903) 794-0509	FAX: (903) 793-6460
Cert Alzh Capacity: 0		TITLE19:		101/1121 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 11/23/2017	
County BOWIE			Reg Svcs:	ICF/IID TEAM		Region 04 - TYLER
Facility Information:	Facility ID:	007407			Owner Information	
NEW HORIZONS WEST 27TH	ST				HORIZONS GENERAL PARTNERSHIP	
404 W 27TH ST TEXARKANA	TX	75503			4904 ELIZABETH ST	
Phone (903) 794-0509	17	Fax	(903) 793-6460		TEXARKANA TX	75503
TOTAL Lic Capacity: 0		TITLE 18:	, ,	ICF/IID: 6	PHONE: (903) 794-0509	FAX : (903) 793-6460
Cert Alzh Capacity: 0		TITLE 16.		IOI /IID. U	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 05/13/2018	
				LINIT 24 /ICE/MP\		Pagion OS HOLISTON
County BRAZORIA Facility Information:	Facility ID:	003925	Reg Svcs:	UNIT 21 (ICF/MR)	Owner Information	Region 06 - HOUSTON
HIGHLAND GROUP HOME	. comey ib.	000020			EDUCARE COMMUNITY LIVING CORPC	RATION - GULF COAST
1304 HIGHLAND					9901 LINN STATION ROAD	
ALVIN	TX	77512			LOUISVILLE KY	40223-3808
Phone (281) 388-2726		Fax			PHONE : (512) 498-2700	FAX: (512) 498-2777
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE 19:				
PRIVATE Beds: 0		TITLE 18/19:	U		License Exp Dt: 03/01/2018	
County BRAZORIA			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	003618			Owner Information	DATION CHIECOACT
TOVREA 802 TOVREA					EDUCARE COMMUNITY LIVING CORPC	MATION - GULF COAST
ALVIN	TX	77512			9901 LINN STATION ROAD LOUISVILLE KY	40223-3808
Phone (281) 331-7413		Fax			LOGIOVILLE IXI	
TOTAL Lic Capacity: 0					DUONE. (E40) 400 0700	FAV. (F40) 400 0777
TO THE LIC Capacity. 0		TITLE 18:	0	ICF/IID: 6	PHONE: (512) 498-2700	FAX: (512) 498-2777
Cert Alzh Capacity: 0		TITLE 18: TITLE19:		ICF/IID: 6	PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID	FAX: (512) 498-2777 SERVICE TYPE PRIVATELY OWNED
			0	ICF/IID: 6	,	,
Cert Alzh Capacity: 0 PRIVATE Beds: 0		TITLE19:	0	ICF/IID: 6 UNIT 21 (ICF/MR)	PROGRAM TYPE: ICF/IID	,
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BRAZORIA	Facility ID:	TITLE19:	0		PROGRAM TYPE: ICF/IID License Exp Dt: 07/20/2018 Owner Information	SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BRAZORIA Facility Information: ARCOLA	Facility ID:	TITLE19: TITLE 18/19:	0		PROGRAM TYPE: ICF/IID License Exp Dt: 07/20/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO	SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BRAZORIA Facility Information:	Facility ID:	TITLE19: TITLE 18/19:	0		PROGRAM TYPE: ICF/IID License Exp Dt: 07/20/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD	SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON RATION - TEXAS
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BRAZORIA Facility Information: ARCOLA 800 N ARCOLA	·	TITLE 19: TITLE 18/19: 105082	0		PROGRAM TYPE: ICF/IID License Exp Dt: 07/20/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY	SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON RATION - TEXAS 40223
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BRAZORIA Facility Information: ARCOLA 800 N ARCOLA ANGLETON	·	TITLE 18/19: 105082 77515	0 0 Reg Svcs: (979) 345-4969		PROGRAM TYPE: ICF/IID License Exp Dt: 07/20/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD	SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON RATION - TEXAS
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BRAZORIA Facility Information: ARCOLA 800 N ARCOLA ANGLETON Phone (979) 848-8600	·	TITLE19: TITLE 18/19: 105082 77515 Fax	0 0 Reg Svcs: (979) 345-4969	UNIT 21 (ICF/MR)	PROGRAM TYPE: ICF/IID License Exp Dt: 07/20/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY	SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON RATION - TEXAS 40223
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BRAZORIA Facility Information: ARCOLA 800 N ARCOLA ANGLETON Phone (979) 848-8600 TOTAL Lic Capacity: 0	·	TITLE 19: TITLE 18/19: 105082 77515 Fax TITLE 18:	0 0 Reg Svcs: (979) 345-4969 0	UNIT 21 (ICF/MR)	PROGRAM TYPE: ICF/IID License Exp Dt: 07/20/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100	SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON RATION - TEXAS 40223 FAX: (502) 394-2285
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BRAZORIA Facility Information: ARCOLA 800 N ARCOLA ANGLETON Phone (979) 848-8600 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	TITLE 18/19: 105082 77515 Fax TITLE 18: TITLE 19:	0 0 Reg Svcs: (979) 345-4969 0	UNIT 21 (ICF/MR)	PROGRAM TYPE: ICF/IID License Exp Dt: 07/20/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON RATION - TEXAS 40223 FAX: (502) 394-2285
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BRAZORIA Facility Information: ARCOLA 800 N ARCOLA ANGLETON Phone (979) 848-8600 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	TITLE 18/19: 105082 77515 Fax TITLE 18: TITLE 19:	0 0 Reg Svcs: (979) 345-4969 0 0	UNIT 21 (ICF/MR) ICF/IID: 6	PROGRAM TYPE: ICF/IID License Exp Dt: 07/20/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON RATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BRAZORIA Facility Information: ARCOLA 800 N ARCOLA ANGLETON Phone (979) 848-8600 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BRAZORIA Facility Information: OAK TREE	тх	TITLE 19: 105082 77515 Fax TITLE 18: TITLE 19: TITLE 18/19:	0 0 Reg Svcs: (979) 345-4969 0 0	UNIT 21 (ICF/MR) ICF/IID: 6	PROGRAM TYPE: ICF/IID License Exp Dt: 07/20/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2017	SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON RATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BRAZORIA Facility Information: ARCOLA 800 N ARCOLA ANGLETON Phone (979) 848-8600 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BRAZORIA Facility Information:	тх	TITLE 19: 105082 77515 Fax TITLE 18: TITLE 19: TITLE 18/19:	0 0 Reg Svcs: (979) 345-4969 0 0	UNIT 21 (ICF/MR) ICF/IID: 6	PROGRAM TYPE: ICF/IID License Exp Dt: 07/20/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD	SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON RATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON RATION - GULF COAST
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BRAZORIA Facility Information: ARCOLA 800 N ARCOLA ANGLETON Phone (979) 848-8600 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BRAZORIA Facility Information: OAK TREE 1811 OAKTREE CIR	TX Facility ID:	TITLE 19: TITLE 18/19: 105082 77515 Fax TITLE 18: TITLE 19: TITLE 18/19: 007626	0 0 Reg Svcs: (979) 345-4969 0 0	UNIT 21 (ICF/MR) ICF/IID: 6	PROGRAM TYPE: ICF/IID License Exp Dt: 07/20/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO COMMERCE COMME	SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON RATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BRAZORIA Facility Information: ARCOLA 800 N ARCOLA ANGLETON Phone (979) 848-8600 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BRAZORIA Facility Information: OAK TREE 1811 OAKTREE CIR PEARLAND Phone (281) 992-8176	TX Facility ID:	TITLE 19: TITLE 18/19: 105082 77515 Fax TITLE 18: TITLE 19: TITLE 18/19: 007626 77581	0 0 Reg Svcs: (979) 345-4969 0 0 0 Reg Svcs:	UNIT 21 (ICF/MR) ICF/IID: 6	PROGRAM TYPE: ICF/IID License Exp Dt: 07/20/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD	SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON RATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON RATION - GULF COAST
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BRAZORIA Facility Information: ARCOLA 800 N ARCOLA ANGLETON Phone (979) 848-8600 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BRAZORIA Facility Information: OAK TREE 1811 OAKTREE CIR PEARLAND	TX Facility ID:	TITLE 19: TITLE 18/19: 105082 77515 Fax TITLE 18: TITLE 19: TITLE 18/19: 007626 77581 Fax	0 0 Reg Svcs: (979) 345-4969 0 0 0 Reg Svcs:	UNIT 21 (ICF/MR) ICF/IID: 6 UNIT 21 (ICF/MR)	PROGRAM TYPE: ICF/IID License Exp Dt: 07/20/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY	SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON RATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON RATION - GULF COAST 40223-3808

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County BRAZORIA			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	003963	Neg Ovos.	ONT 21 (IOI /MIN)	Owner Information	Negion 00-11000101V
SOMERSET GROUP HOME					EDUCARE COMMUNITY LIVING CORPO	PRATION - GULF COAST
1117 CHESTERWOOD					9901 LINN STATION ROAD	
PEARLAND	TX	77581			LOUISVILLE KY	40223-3808
Phone (281) 992-8510		Fax			PHONE : (512) 498-2700	FAX : (512) 498-2777
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: CF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:				California Travillation Compa
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 02/28/2018	
County BRAZOS			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	007662			Owner Information	
FAMILY TREE 408 N WASHINGTON AVE					THE MHMR AUTHORITY OF BRAZOS V	ALLEY
BRYAN	TX	77803			P.O. BOX 4588	77005
Phone (979) 361-9875		Fax			BRYAN TX	77805
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 8	PHONE : (979) 361-9800	FAX:
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt:	
County BRAZOS			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	007561	Neg 0103.	112 (11001114 INEGIO14)	Owner Information	August of August
MOSAIC					MOSAIC	
3706 CARTER CREEK PKWY					428 ST ANDREWS DR	
BRYAN	TX	77801	(070) 775 5700		ALLEN TX	75002
Phone (979) 823-7622		Fax	(979) 775-5733		PHONE: (469) 675-1561	FAX: (469) 675-1562
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:				
PRIVATE Beds: 0		TITLE 18/19:	U		License Exp Dt: 01/01/2017	
County BROWN			Reg Svcs:	ICF/IID		Region 02 - ABILENE
Facility Information:	Facility ID:	007325	Reg Svcs:	ICF/IID	Owner Information	Region 02 - ABILENE
Facility Information: CENTRAL TEXAS MHMR CEN	•	007325	Reg Svcs:	ICF/IID	CENTRAL TEXAS MHMR CENTER	Region 02 - ABILENE
Facility Information:	•	007325 76801	Reg Svcs:	ICF/IID		Region 02 - ABILENE
Facility Information: CENTRAL TEXAS MHMR CEN 2209 ELEVENTH ST	NTER		Reg Svcs:	ICF/IID	CENTRAL TEXAS MHMR CENTER 408 MULBERRY DR	·
Facility Information: CENTRAL TEXAS MHMR CEN 2209 ELEVENTH ST BROWNWOOD	NTER	76801		ICF/IID ICF/IID: 6	CENTRAL TEXAS MHMR CENTER 408 MULBERRY DR PHONE: (325) 646-9574	FAX: (325) 646-7911
Facility Information: CENTRAL TEXAS MHMR CEN 2209 ELEVENTH ST BROWNWOOD Phone (325) 646-6952	NTER	76801 Fax	0		CENTRAL TEXAS MHMR CENTER 408 MULBERRY DR	·
Facility Information: CENTRAL TEXAS MHMR CEN 2209 ELEVENTH ST BROWNWOOD Phone (325) 646-6952 TOTAL Lic Capacity: 0	NTER	76801 Fax TITLE 18:	0 0		CENTRAL TEXAS MHMR CENTER 408 MULBERRY DR PHONE: (325) 646-9574	FAX: (325) 646-7911
Facility Information: CENTRAL TEXAS MHMR CEN 2209 ELEVENTH ST BROWNWOOD Phone (325) 646-6952 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	NTER	76801 Fax TITLE 18: TITLE19:	0 0		CENTRAL TEXAS MHMR CENTER 408 MULBERRY DR PHONE: (325) 646-9574 PROGRAM TYPE: ICF/IID	FAX: (325) 646-7911
Facility Information: CENTRAL TEXAS MHMR CEN 2209 ELEVENTH ST BROWNWOOD Phone (325) 646-6952 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	NTER	76801 Fax TITLE 18: TITLE19:	0 0 0	ICF/IID: 6	CENTRAL TEXAS MHMR CENTER 408 MULBERRY DR PHONE: (325) 646-9574 PROGRAM TYPE: ICF/IID	FAX: (325) 646-7911 SERVICE TYPE GOVERNMENT BASED
Facility Information: CENTRAL TEXAS MHMR CEN 2209 ELEVENTH ST BROWNWOOD Phone (325) 646-6952 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BROWN Facility Information: OPPORTUNITY DEVELOPME	TX Facility ID:	76801 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 6	CENTRAL TEXAS MHMR CENTER 408 MULBERRY DR PHONE: (325) 646-9574 PROGRAM TYPE: ICF/IID License Exp Dt:	FAX: (325) 646-7911 SERVICE TYPE GOVERNMENT BASED
Facility Information: CENTRAL TEXAS MHMR CEN 2209 ELEVENTH ST BROWNWOOD Phone (325) 646-6952 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BROWN Facility Information: OPPORTUNITY DEVELOPME 1600 STEWART ST	TX Facility ID: NT CENTER 1	76801 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 6	CENTRAL TEXAS MHMR CENTER 408 MULBERRY DR PHONE: (325) 646-9574 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information	FAX: (325) 646-7911 SERVICE TYPE GOVERNMENT BASED
Facility Information: CENTRAL TEXAS MHMR CEN 2209 ELEVENTH ST BROWNWOOD Phone (325) 646-6952 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BROWN Facility Information: OPPORTUNITY DEVELOPME 1600 STEWART ST BROWNWOOD	TX Facility ID:	76801 Fax TITLE 18: TITLE19: TITLE 18/19: 003734 76801	0 0 0 Reg Svcs:	ICF/IID: 6	CENTRAL TEXAS MHMR CENTER 408 MULBERRY DR PHONE: (325) 646-9574 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information CENTRAL TEXAS MHMR CENTER	FAX: (325) 646-7911 SERVICE TYPE GOVERNMENT BASED
Facility Information: CENTRAL TEXAS MHMR CEN 2209 ELEVENTH ST BROWNWOOD Phone (325) 646-6952 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BROWN Facility Information: OPPORTUNITY DEVELOPME 1600 STEWART ST BROWNWOOD Phone (325) 643-5565	TX Facility ID: NT CENTER 1	76801	0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID	CENTRAL TEXAS MHMR CENTER 408 MULBERRY DR PHONE: (325) 646-9574 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information CENTRAL TEXAS MHMR CENTER	FAX: (325) 646-7911 SERVICE TYPE GOVERNMENT BASED
Facility Information: CENTRAL TEXAS MHMR TEXA	TX Facility ID: NT CENTER 1	76801	0 0 0 Reg Svcs: (325) 643-3966	ICF/IID: 6	CENTRAL TEXAS MHMR CENTER 408 MULBERRY DR PHONE: (325) 646-9574 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information CENTRAL TEXAS MHMR CENTER 408 MULBERRY DR	FAX: (325) 646-7911 SERVICE TYPE GOVERNMENT BASED Region 02 - ABILENE
Facility Information: CENTRAL TEXAS MHMR CEN 2209 ELEVENTH ST BROWNWOOD Phone (325) 646-6952 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BROWN Facility Information: OPPORTUNITY DEVELOPME 1600 STEWART ST BROWNWOOD Phone (325) 643-5565	TX Facility ID: NT CENTER 1	76801	0 0 0 Reg Svcs: (325) 643-3966 0	ICF/IID: 6 ICF/IID	CENTRAL TEXAS MHMR CENTER 408 MULBERRY DR PHONE: (325) 646-9574 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information CENTRAL TEXAS MHMR CENTER 408 MULBERRY DR PHONE: (325) 646-9574	FAX: (325) 646-7911 SERVICE TYPE GOVERNMENT BASED Region 02 - ABILENE FAX: (325) 646-7911
Facility Information: CENTRAL TEXAS MHMR T	TX Facility ID: NT CENTER 1	76801	0 0 0 Reg Svcs: (325) 643-3966 0 0	ICF/IID: 6 ICF/IID ICF/IID: 13	CENTRAL TEXAS MHMR CENTER 408 MULBERRY DR PHONE: (325) 646-9574 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information CENTRAL TEXAS MHMR CENTER 408 MULBERRY DR PHONE: (325) 646-9574 PROGRAM TYPE: ICF/IID	FAX: (325) 646-7911 SERVICE TYPE GOVERNMENT BASED Region 02 - ABILENE FAX: (325) 646-7911 SERVICE TYPE GOVERNMENT BASED
Facility Information: CENTRAL TEXAS MHMR CEN 2209 ELEVENTH ST BROWNWOOD Phone (325) 646-6952 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BROWN Facility Information: OPPORTUNITY DEVELOPME 1600 STEWART ST BROWNWOOD Phone (325) 643-5565 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BROWN	TX Facility ID: NT CENTER 1 TX	76801 Fax TITLE 18: TITLE19: TITLE 18/19: 003734 76801 Fax TITLE 18: TITLE 18: TITLE 19:	0 0 0 Reg Svcs: (325) 643-3966 0	ICF/IID: 6 ICF/IID	CENTRAL TEXAS MHMR CENTER 408 MULBERRY DR PHONE: (325) 646-9574 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information CENTRAL TEXAS MHMR CENTER 408 MULBERRY DR PHONE: (325) 646-9574 PROGRAM TYPE: ICF/IID License Exp Dt:	FAX: (325) 646-7911 SERVICE TYPE GOVERNMENT BASED Region 02 - ABILENE FAX: (325) 646-7911
Facility Information: CENTRAL TEXAS MHMR MHMR MHMR MHMR MHMR MHMR MHMR MHM	Facility ID: TX Facility ID: TX Facility ID:	76801	0 0 0 Reg Svcs: (325) 643-3966 0 0	ICF/IID: 6 ICF/IID ICF/IID: 13	CENTRAL TEXAS MHMR CENTER 408 MULBERRY DR PHONE: (325) 646-9574 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information CENTRAL TEXAS MHMR CENTER 408 MULBERRY DR PHONE: (325) 646-9574 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information	FAX: (325) 646-7911 SERVICE TYPE GOVERNMENT BASED Region 02 - ABILENE FAX: (325) 646-7911 SERVICE TYPE GOVERNMENT BASED
Facility Information: CENTRAL TEXAS MHMR CEN 2209 ELEVENTH ST BROWNWOOD Phone (325) 646-6952 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BROWN Facility Information: OPPORTUNITY DEVELOPME 1600 STEWART ST BROWNWOOD Phone (325) 643-5565 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BROWN	Facility ID: TX Facility ID: TX Facility ID:	76801	0 0 0 Reg Svcs: (325) 643-3966 0 0	ICF/IID: 6 ICF/IID ICF/IID: 13	CENTRAL TEXAS MHMR CENTER 408 MULBERRY DR PHONE: (325) 646-9574 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information CENTRAL TEXAS MHMR CENTER 408 MULBERRY DR PHONE: (325) 646-9574 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information CENTRAL TEXAS MHMR CENTER	FAX: (325) 646-7911 SERVICE TYPE GOVERNMENT BASED Region 02 - ABILENE FAX: (325) 646-7911 SERVICE TYPE GOVERNMENT BASED
Facility Information: CENTRAL TEXAS MHMR CEN 2209 ELEVENTH ST BROWNWOOD Phone (325) 646-6952 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County BROWN Facility Information: OPPORTUNITY DEVELOPME 1600 STEWART ST BROWNWOOD Phone (325) 643-5565 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BROWN Facility Information: OPPORTUNITY DEVELOPME 403 MULBERRY DR BROWNWOOD	Facility ID: TX Facility ID: TX Facility ID:	76801	0 0 0 Reg Svcs: (325) 643-3966 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID ICF/IID: 13	CENTRAL TEXAS MHMR CENTER 408 MULBERRY DR PHONE: (325) 646-9574 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information CENTRAL TEXAS MHMR CENTER 408 MULBERRY DR PHONE: (325) 646-9574 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information	FAX: (325) 646-7911 SERVICE TYPE GOVERNMENT BASED Region 02 - ABILENE FAX: (325) 646-7911 SERVICE TYPE GOVERNMENT BASED
Facility Information: CENTRAL TEXAS MHMR MHMR MHMR TEXAS MHMR MHMR MHMR MHMR MHMR MHMR MHMR MHM	Facility ID: TX Facility ID: TX Facility ID: NT CENTER 2	76801	0 0 0 Reg Svcs: (325) 643-3966 0 0	ICF/IID: 6 ICF/IID ICF/IID: 13	CENTRAL TEXAS MHMR CENTER 408 MULBERRY DR PHONE: (325) 646-9574 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information CENTRAL TEXAS MHMR CENTER 408 MULBERRY DR PHONE: (325) 646-9574 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information CENTRAL TEXAS MHMR CENTER 408 MULBERRY DR	FAX: (325) 646-7911 SERVICE TYPE GOVERNMENT BASED Region 02 - ABILENE FAX: (325) 646-7911 SERVICE TYPE GOVERNMENT BASED Region 02 - ABILENE
Facility Information: CENTRAL TEXAS MHMR MHMR MHMR MHMR MHMR MHMR MHMR MHM	Facility ID: TX Facility ID: TX Facility ID: NT CENTER 2	76801	0 0 0 Reg Svcs: (325) 643-3966 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID ICF/IID: 13	CENTRAL TEXAS MHMR CENTER 408 MULBERRY DR PHONE: (325) 646-9574 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information CENTRAL TEXAS MHMR CENTER 408 MULBERRY DR PHONE: (325) 646-9574 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information CENTRAL TEXAS MHMR CENTER 408 MULBERRY DR	FAX: (325) 646-7911 SERVICE TYPE GOVERNMENT BASED Region 02 - ABILENE FAX: (325) 646-7911 SERVICE TYPE GOVERNMENT BASED Region 02 - ABILENE FAX: (325) 646-7911
Facility Information: CENTRAL TEXAS MHMR CEN 2209 ELEVENTH ST BROWNWOOD Phone (325) 646-6952 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BROWN Facility Information: OPPORTUNITY DEVELOPME 1600 STEWART ST BROWNWOOD Phone (325) 643-5565 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BROWN Facility Information: OPPORTUNITY DEVELOPME 403 MULBERRY DR BROWNWOOD Phone (325) 643-1336	Facility ID: TX Facility ID: TX Facility ID: NT CENTER 2	76801	0 0 0 Reg Svcs: (325) 643-3966 0 0 Reg Svcs: (325) 643-3966 0	ICF/IID: 6 ICF/IID: 13 ICF/IID	CENTRAL TEXAS MHMR CENTER 408 MULBERRY DR PHONE: (325) 646-9574 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information CENTRAL TEXAS MHMR CENTER 408 MULBERRY DR PHONE: (325) 646-9574 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information CENTRAL TEXAS MHMR CENTER 408 MULBERRY DR	FAX: (325) 646-7911 SERVICE TYPE GOVERNMENT BASED Region 02 - ABILENE FAX: (325) 646-7911 SERVICE TYPE GOVERNMENT BASED Region 02 - ABILENE

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County BURNET			D 0	IID (ALICTIN DECION)		Danier OZ ALICTIA
County BURNET Facility Information:	Facility ID:	003675	Reg Svcs:	IID (AUSTIN REGION)	Owner Information	Region 07 - AUSTIN
BERTRAM COMMUNITY RESI	-	000070			D & S RESIDENTIAL SERVICES LP	
648 W CEDAR ST					8911 N CAPITAL OF TX HWY	.BLDG 1 STE 1300
BERTRAM (540) 055 0005	TX	78605	(540) 007 5055		AUSTIN TX	78759
Phone (512) 355-3005		Fax	(512) 327-5355		PHONE : (512) 327-2325	FAX: (512) 327-5355
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:				CERTICE THE THINKIEET OWNER
PRIVATE Beds: 0		TITLE 18/19:	U		License Exp Dt: 12/01/2017	
County BURNET	F194-1D-	007505	Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information: BLUEBONNET COMMUNITY F	Facility ID:	007505			Owner Information D & S RESIDENTIAL SERVICES LP	
1260 HWY 29 W	NESIDENCE				8911 N CAPITAL OF TX HWY	,BLDG 1 STE 1300
BERTRAM	TX	78605			AUSTIN TX	78759
Phone (512) 355-3012		Fax	(512) 327-5355			
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE: (512) 327-2325	FAX: (512) 327-5355
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 12/01/2017	
County BURNET			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	007450			Owner Information	
WOODVIEW COMMUNITY RE	SIDENCE				D & S RESIDENTIAL SERVICES LP	
407 CR 320 BERTRAM	TX	78605			8911 N CAPITAL OF TX HWY	,BLDG 1 STE 1300
Phone (512) 355-3213		Fax	(512) 327-5355		AUSTIN TX	78759
TOTAL Lic Capacity: 0		TITLE 18:	` '	ICF/IID: 6	PHONE : (512) 327-2325	FAX: (512) 327-5355
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 12/01/2017	
County BURNET			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
County BURNET Facility Information:	Facility ID:	003879	Reg Svcs:	IID (AUSTIN REGION)	Owner Information	Region 07 - AUSTIN
Facility Information: HIGHLAND LAKES COMMUNI	-		Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information: HIGHLAND LAKES COMMUNI 705 KINCHELOE	TY RESIDENC	CE	Reg Svcs:	IID (AUSTIN REGION)	Owner Information	Region 07 - AUSTIN ,BLDG 1 STE 1300
Facility Information: HIGHLAND LAKES COMMUNI	-		Reg Svcs:	IID (AUSTIN REGION)	Owner Information D & S RESIDENTIAL SERVICES LP	ŭ
Facility Information: HIGHLAND LAKES COMMUNIT 705 KINCHELOE BURNET Phone (512) 756-4404	TY RESIDENC	78611 Fax	(512) 327-5355		Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY	,BLDG 1 STE 1300
Facility Information: HIGHLAND LAKES COMMUNI 705 KINCHELOE BURNET	TY RESIDENC	78611	(512) 327-5355 0	IID (AUSTIN REGION) ICF/IID: 6	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX	,BLDG 1 STE 1300 78759
Facility Information: HIGHLAND LAKES COMMUNI' 705 KINCHELOE BURNET Phone (512) 756-4404 TOTAL Lic Capacity: 0	TY RESIDENC	78611 Fax TITLE 18:	(512) 327-5355 0		Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355
Facility Information: HIGHLAND LAKES COMMUNI' 705 KINCHELOE BURNET Phone (512) 756-4404 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TY RESIDENC	78611 Fax TITLE 18: TITLE19:	(512) 327-5355 0 0	ICF/IID: 6	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED
Facility Information: HIGHLAND LAKES COMMUNIT 705 KINCHELOE BURNET Phone (512) 756-4404 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BURNET	TY RESIDENC	78611 Fax TITLE 18: TITLE 19:	(512) 327-5355 0		Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355
Facility Information: HIGHLAND LAKES COMMUNIT 705 KINCHELOE BURNET Phone (512) 756-4404 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BURNET Facility Information:	TY RESIDENCE TX Facility ID:	78611 Fax TITLE 18: TITLE19:	(512) 327-5355 0 0	ICF/IID: 6	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED
Facility Information: HIGHLAND LAKES COMMUNIT 705 KINCHELOE BURNET Phone (512) 756-4404 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BURNET Facility Information: SUNSET COMMUNITY RESIDENT 313 SUNSET DR	TY RESIDENCE TX Facility ID: ENCE	78611 Fax TITLE 18: TITLE19: TITLE 18/19:	(512) 327-5355 0 0	ICF/IID: 6	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: HIGHLAND LAKES COMMUNIT 705 KINCHELOE BURNET Phone (512) 756-4404 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BURNET Facility Information: SUNSET COMMUNITY RESIDENT STATES OF THE PROPERTY OF	TY RESIDENCE TX Facility ID:	78611	(512) 327-5355 0 0 0 Reg Svcs:	ICF/IID: 6	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED
Facility Information: HIGHLAND LAKES COMMUNIT 705 KINCHELOE BURNET Phone (512) 756-4404 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BURNET Facility Information: SUNSET COMMUNITY RESIDENT OR BURNET Phone (512) 756-6782	TY RESIDENCE TX Facility ID: ENCE	78611	(512) 327-5355 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION)	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX	,BLDG 1 STE 1300
Facility Information: HIGHLAND LAKES COMMUNIT 705 KINCHELOE BURNET Phone (512) 756-4404 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BURNET Facility Information: SUNSET COMMUNITY RESIDENT SUNSET COMMUNITY RESIDENT Phone (512) 756-6782 TOTAL Lic Capacity: 0	TY RESIDENCE TX Facility ID: ENCE	78611	(512) 327-5355 0 0 0 Reg Svcs: (512) 327-5355	ICF/IID: 6	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 1 STE 1300 78759 FAX: (512) 327-5355
Facility Information: HIGHLAND LAKES COMMUNIT 705 KINCHELOE BURNET Phone (512) 756-4404 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County BURNET Facility Information: SUNSET COMMUNITY RESIDENT AND	TY RESIDENCE TX Facility ID: ENCE	78611	(512) 327-5355 0 0 0 Reg Svcs: (512) 327-5355 0	ICF/IID: 6 IID (AUSTIN REGION)	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID	,BLDG 1 STE 1300
Facility Information: HIGHLAND LAKES COMMUNIT 705 KINCHELOE BURNET Phone (512) 756-4404 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BURNET Facility Information: SUNSET COMMUNITY RESIDENT SUNSET COMMUNITY RESIDENT Phone (512) 756-6782 TOTAL Lic Capacity: 0	TY RESIDENCE TX Facility ID: ENCE	78611	(512) 327-5355 0 0 0 Reg Svcs: (512) 327-5355 0	ICF/IID: 6 IID (AUSTIN REGION)	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 1 STE 1300 78759 FAX: (512) 327-5355
Facility Information: HIGHLAND LAKES COMMUNIT 705 KINCHELOE BURNET Phone (512) 756-4404 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County BURNET Facility Information: SUNSET COMMUNITY RESIDENT AND	TY RESIDENCE TX Facility ID: ENCE	78611	(512) 327-5355 0 0 0 Reg Svcs: (512) 327-5355 0	ICF/IID: 6 IID (AUSTIN REGION)	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 1 STE 1300 78759 FAX: (512) 327-5355
Facility Information: HIGHLAND LAKES COMMUNIT 705 KINCHELOE BURNET Phone (512) 756-4404 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County BURNET Facility Information: SUNSET COMMUNITY RESIDING 313 SUNSET DR BURNET Phone (512) 756-6782 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BURNET Facility Information:	Facility ID: TX Facility ID: ENCE TX	78611	(512) 327-5355 0 0 0 Reg Svcs: (512) 327-5355 0 0	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information	,BLDG 1 STE 1300
Facility Information: HIGHLAND LAKES COMMUNIT 705 KINCHELOE BURNET Phone (512) 756-4404 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County BURNET Facility Information: SUNSET COMMUNITY RESIDING 313 SUNSET DR BURNET Phone (512) 756-6782 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BURNET Facility Information: BURNET Facility Information: BURNET Facility Information:	Facility ID: TX Facility ID: ENCE TX	78611	(512) 327-5355 0 0 0 Reg Svcs: (512) 327-5355 0 0	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP	,BLDG 1 STE 1300
Facility Information: HIGHLAND LAKES COMMUNIT 705 KINCHELOE BURNET Phone (512) 756-4404 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County BURNET Facility Information: SUNSET COMMUNITY RESIDING 313 SUNSET DR BURNET Phone (512) 756-6782 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BURNET Facility Information:	Facility ID: TX Facility ID: ENCE TX	78611	(512) 327-5355 0 0 0 Reg Svcs: (512) 327-5355 0 0	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY	,BLDG 1 STE 1300
Facility Information: HIGHLAND LAKES COMMUNIT 705 KINCHELOE BURNET Phone (512) 756-4404 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County BURNET Facility Information: SUNSET COMMUNITY RESIDING 313 SUNSET DR BURNET Phone (512) 756-6782 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BURNET Facility Information: BURNET Facility Information: BURNET Facility Information: BURNET COUNTY COMMUNITY 1513 BULEBONNET DR	TY RESIDENCE TX Facility ID: ENCE TX Facility ID: TY RESIDENCE	78611	(512) 327-5355 0 0 0 Reg Svcs: (512) 327-5355 0 0	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX	,BLDG 1 STE 1300
Facility Information: HIGHLAND LAKES COMMUNIT 705 KINCHELOE BURNET Phone (512) 756-4404 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County BURNET Facility Information: SUNSET COMMUNITY RESIDENT 313 SUNSET DR BURNET Phone (512) 756-6782 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County BURNET Facility Information: BURNET County BURNET Facility Information: BURNET Facility Information: BURNET Facility Information: BURNET COUNTY COMMUNIT 1513 BLUEBONNET DR MARBLE FALLS	TY RESIDENCE TX Facility ID: ENCE TX Facility ID: TY RESIDENCE	78611	(512) 327-5355 0 0 0 Reg Svcs: (512) 327-5355 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY	,BLDG 1 STE 1300
Facility Information: HIGHLAND LAKES COMMUNIT 705 KINCHELOE BURNET Phone (512) 756-4404 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BURNET Facility Information: SUNSET COMMUNITY RESIDENT OR BURNET Phone (512) 756-6782 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BURNET Facility Information: BURNET Facility Information: BURNET Facility Information: BURNET COUNTY COMMUNITION BURNET COUNTY COU	TY RESIDENCE TX Facility ID: ENCE TX Facility ID: TY RESIDENCE	78611	(512) 327-5355 0 0 0 Reg Svcs: (512) 327-5355 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6 IID (AUSTIN REGION)	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX	,BLDG 1 STE 1300
Facility Information: HIGHLAND LAKES COMMUNIT 705 KINCHELOE BURNET Phone (512) 756-4404 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BURNET Facility Information: SUNSET COMMUNITY RESIDENT 1313 SUNSET DR BURNET Phone (512) 756-6782 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County BURNET Facility Information: BURNET Facility Information: BURNET Facility Information: BURNET COUNTY COMMUNITIES 1513 BLUEBONNET DR MARBLE FALLS Phone (830) 693-3449 TOTAL Lic Capacity: 0	TY RESIDENCE TX Facility ID: ENCE TX Facility ID: TY RESIDENCE	78611	(512) 327-5355 0 0 0 Reg Svcs: (512) 327-5355 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6 IID (AUSTIN REGION)	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 1 STE 1300 78759 FAX: (512) 327-5355

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County CALDWELL			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	007624			Owner Information	
CENTURY HOUSE					UCG CENTRAL TEXAS HOLDINGS LLC	
1604 CENTURY OAKS LOCKHART	TX	78644			750 RUSK	
Phone (512) 398-6721		Fax	(214) 723-5331		NEW BRAUNFELS TX	78130
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (830) 372-2920	FAX: (214) 723-5331
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 09/01/2017	
County CALDWELL			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	003949			Owner Information	
LOCKHART COMMUNITY HOM	ME				EDUCARE COMMUNITY LIVING LIMITED	PARTNERSHIP
1501 SUNRISE TER DR LOCKHART	TX	78644			9901 LINN STATION ROAD	
Phone (512) 376-6550		Fax	(512) 302-3978		LOUISVILLE KY	40223-3808
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (502) 394-2100	FAX : (502) 394-2285
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2019	
County CALHOUN			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	003955	J = - - -		Owner Information	•
CALHOUN HOME					UCG CENTRAL TEXAS HOLDINGS LLC	
102 BURNET RD PORT LAVACA	TX	77979			750 RUSK	
Phone (512) 552-4316	1.4	Fax			NEW BRAUNFELS TX	78130
TOTAL Lic Capacity: 0		TITLE 18:	٥	ICF/IID: 6	PHONE : (830) 372-2920	FAX: (214) 723-5331
Cert Alzh Capacity: 0		TITLE 10.		ICITIID. 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 03/01/2018	
-						
County CAMERON			Rea Sycs:	CORPUS CHRISTI 61		Region 11 - CORPUS CHRISTI
County CAMERON Facility Information:	Facility ID:	003744	Reg Svcs:	CORPUS CHRISTI 61	Owner Information	Region 11 - CORPUS CHRISTI
•	•	003744	Reg Svcs:	CORPUS CHRISTI 61	Owner Information CARING PALMS HEALTH CARE CENTER	·
Facility Information: CARING PALMS HEALTH CAR 1415 W WASHINGTON ST	RE CENTER		Reg Svcs:	CORPUS CHRISTI 61		·
Facility Information: CARING PALMS HEALTH CAR 1415 W WASHINGTON ST BROWNSVILLE	•	78520	Reg Svcs:	CORPUS CHRISTI 61	CARING PALMS HEALTH CARE CENTER	INC
Facility Information: CARING PALMS HEALTH CAR 1415 W WASHINGTON ST BROWNSVILLE Phone (956) 546-3714	RE CENTER	78520 Fax	·		CARING PALMS HEALTH CARE CENTER 8000 CALMONT	INC ,APT 249
Facility Information: CARING PALMS HEALTH CAR 1415 W WASHINGTON ST BROWNSVILLE Phone (956) 546-3714 TOTAL Lic Capacity: 0	RE CENTER	78520 Fax TITLE 18:	0	CORPUS CHRISTI 61	CARING PALMS HEALTH CARE CENTER 8000 CALMONT FORT WORTH TX	INC ,APT 249 76116
Facility Information: CARING PALMS HEALTH CAR 1415 W WASHINGTON ST BROWNSVILLE Phone (956) 546-3714	RE CENTER	78520 Fax	0		CARING PALMS HEALTH CARE CENTER 8000 CALMONT FORT WORTH TX PHONE: (817) 992-2028	INC ,APT 249 76116 FAX:
Facility Information: CARING PALMS HEALTH CAR 1415 W WASHINGTON ST BROWNSVILLE Phone (956) 546-3714 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	RE CENTER	78520 Fax TITLE 18: TITLE19:	0 0 0	ICF/IID: 72	CARING PALMS HEALTH CARE CENTER 8000 CALMONT FORT WORTH TX PHONE: (817) 992-2028 PROGRAM TYPE: ICF/IID	INC ,APT 249 76116 FAX: SERVICE TYPE PRIVATELY OWNED
Facility Information: CARING PALMS HEALTH CAR 1415 W WASHINGTON ST BROWNSVILLE Phone (956) 546-3714 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	RE CENTER	78520 Fax TITLE 18: TITLE19:	0 0		CARING PALMS HEALTH CARE CENTER 8000 CALMONT FORT WORTH TX PHONE: (817) 992-2028 PROGRAM TYPE: ICF/IID	INC ,APT 249 76116 FAX:
Facility Information: CARING PALMS HEALTH CAR 1415 W WASHINGTON ST BROWNSVILLE Phone (956) 546-3714 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CAMERON	TX	78520 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 72	CARING PALMS HEALTH CARE CENTER 8000 CALMONT FORT WORTH TX PHONE: (817) 992-2028 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018	INC ,APT 249 76116 FAX: SERVICE TYPE PRIVATELY OWNED
Facility Information: CARING PALMS HEALTH CAR 1415 W WASHINGTON ST BROWNSVILLE Phone (956) 546-3714 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CAMERON Facility Information: CASA LINDA GROUP HOME 8 CASA LINDA	TX Facility ID:	78520 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 72	CARING PALMS HEALTH CARE CENTER 8000 CALMONT FORT WORTH TX PHONE: (817) 992-2028 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information	INC ,APT 249 76116 FAX: SERVICE TYPE PRIVATELY OWNED
Facility Information: CARING PALMS HEALTH CAR 1415 W WASHINGTON ST BROWNSVILLE Phone (956) 546-3714 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CAMERON Facility Information: CASA LINDA GROUP HOME 8 CASA LINDA BROWNSVILLE	TX	78520 Fax TITLE 18: TITLE 19: TITLE 18/19: 007559	0 0 0 Reg Svcs:	ICF/IID: 72	CARING PALMS HEALTH CARE CENTER 8000 CALMONT FORT WORTH TX PHONE: (817) 992-2028 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information VALLEY RESIDENTIAL CORPORATION	INC ,APT 249 76116 FAX: SERVICE TYPE PRIVATELY OWNED
Facility Information: CARING PALMS HEALTH CAR 1415 W WASHINGTON ST BROWNSVILLE Phone (956) 546-3714 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CAMERON Facility Information: CASA LINDA GROUP HOME 8 CASA LINDA BROWNSVILLE Phone (956) 546-4668	TX Facility ID:	78520 Fax TITLE 18: TITLE 19: TITLE 18/19: 007559 78521 Fax	0 0 0 Reg Svcs:	ICF/IID: 72 CORPUS CHRISTI 61	CARING PALMS HEALTH CARE CENTER 8000 CALMONT FORT WORTH TX PHONE: (817) 992-2028 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information VALLEY RESIDENTIAL CORPORATION 8 CASA LINDA	APT 249 76116 FAX: SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI
Facility Information: CARING PALMS HEALTH CAR 1415 W WASHINGTON ST BROWNSVILLE Phone (956) 546-3714 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CAMERON Facility Information: CASA LINDA GROUP HOME 8 CASA LINDA BROWNSVILLE Phone (956) 546-4668 TOTAL Lic Capacity: 0	TX Facility ID:	78520	0 0 0 Reg Svcs: (956) 546-1636	ICF/IID: 72	CARING PALMS HEALTH CARE CENTER 8000 CALMONT FORT WORTH TX PHONE: (817) 992-2028 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information VALLEY RESIDENTIAL CORPORATION 8 CASA LINDA BROWNSVILLE TX	INC ,APT 249 76116 FAX: SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI 78521
Facility Information: CARING PALMS HEALTH CAR 1415 W WASHINGTON ST BROWNSVILLE Phone (956) 546-3714 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CAMERON Facility Information: CASA LINDA GROUP HOME 8 CASA LINDA BROWNSVILLE Phone (956) 546-4668	TX Facility ID:	78520 Fax TITLE 18: TITLE 19: TITLE 18/19: 007559 78521 Fax	0 0 0 Reg Svcs: (956) 546-1636 0	ICF/IID: 72 CORPUS CHRISTI 61	CARING PALMS HEALTH CARE CENTER 8000 CALMONT FORT WORTH TX PHONE: (817) 992-2028 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information VALLEY RESIDENTIAL CORPORATION 8 CASA LINDA BROWNSVILLE TX PHONE: (956) 546-4668	APT 249 76116 FAX: SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI 78521 FAX: (956) 546-1636
Facility Information: CARING PALMS HEALTH CAR 1415 W WASHINGTON ST BROWNSVILLE Phone (956) 546-3714 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CAMERON Facility Information: CASA LINDA GROUP HOME 8 CASA LINDA BROWNSVILLE Phone (956) 546-4668 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	78520	0 0 0 Reg Svcs: (956) 546-1636 0 0	ICF/IID: 72 CORPUS CHRISTI 61 ICF/IID: 6	CARING PALMS HEALTH CARE CENTER 8000 CALMONT FORT WORTH TX PHONE: (817) 992-2028 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information VALLEY RESIDENTIAL CORPORATION 8 CASA LINDA BROWNSVILLE TX PHONE: (956) 546-4668 PROGRAM TYPE: ICF/IID	APT 249 76116 FAX: SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI 78521 FAX: (956) 546-1636 SERVICE TYPE PRIVATELY OWNED
Facility Information: CARING PALMS HEALTH CAR 1415 W WASHINGTON ST BROWNSVILLE Phone (956) 546-3714 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County CAMERON Facility Information: CASA LINDA GROUP HOME 8 CASA LINDA BROWNSVILLE Phone (956) 546-4668 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CAMERON COUNTY CAMERON COUNTY CAMERON	TX Facility ID:	78520	0 0 0 Reg Svcs: (956) 546-1636 0	ICF/IID: 72 CORPUS CHRISTI 61	CARING PALMS HEALTH CARE CENTER 8000 CALMONT FORT WORTH TX PHONE: (817) 992-2028 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information VALLEY RESIDENTIAL CORPORATION 8 CASA LINDA BROWNSVILLE TX PHONE: (956) 546-4668 PROGRAM TYPE: ICF/IID License Exp Dt: 09/22/2017	APT 249 76116 FAX: SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI 78521 FAX: (956) 546-1636
Facility Information: CARING PALMS HEALTH CAR 1415 W WASHINGTON ST BROWNSVILLE Phone (956) 546-3714 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CAMERON Facility Information: CASA LINDA GROUP HOME 8 CASA LINDA BROWNSVILLE Phone (956) 546-4668 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	78520	0 0 0 Reg Svcs: (956) 546-1636 0 0	ICF/IID: 72 CORPUS CHRISTI 61 ICF/IID: 6	CARING PALMS HEALTH CARE CENTER 8000 CALMONT FORT WORTH TX PHONE: (817) 992-2028 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information VALLEY RESIDENTIAL CORPORATION 8 CASA LINDA BROWNSVILLE TX PHONE: (956) 546-4668 PROGRAM TYPE: ICF/IID	INC ,APT 249 76116 FAX: SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI 78521 FAX: (956) 546-1636 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI
Facility Information: CARING PALMS HEALTH CAR 1415 W WASHINGTON ST BROWNSVILLE Phone (956) 546-3714 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CAMERON Facility Information: CASA LINDA GROUP HOME 8 CASA LINDA BROWNSVILLE Phone (956) 546-4668 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CAMERON Facility Information: COUNTY CAMERON FACILITY OF CAMERON FACILITY OF CAMERON FACILITY OF CAMERON FACILITY HOME 2214 ADRIAN ST	Facility ID: TX Facility ID:	78520	0 0 0 Reg Svcs: (956) 546-1636 0 0	ICF/IID: 72 CORPUS CHRISTI 61 ICF/IID: 6	CARING PALMS HEALTH CARE CENTER 8000 CALMONT FORT WORTH TX PHONE: (817) 992-2028 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information VALLEY RESIDENTIAL CORPORATION 8 CASA LINDA BROWNSVILLE TX PHONE: (956) 546-4668 PROGRAM TYPE: ICF/IID License Exp Dt: 09/22/2017 Owner Information	INC ,APT 249 76116 FAX: SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI 78521 FAX: (956) 546-1636 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI
Facility Information: CARING PALMS HEALTH CAR 1415 W WASHINGTON ST BROWNSVILLE Phone (956) 546-3714 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CAMERON Facility Information: CASA LINDA GROUP HOME 8 CASA LINDA BROWNSVILLE Phone (956) 546-4668 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CAMERON Facility Information: ADRIAN COMMUNITY HOME 2214 ADRIAN ST HARLINGEN	TX Facility ID:	78520	0 0 0 Reg Svcs: (956) 546-1636 0 0	ICF/IID: 72 CORPUS CHRISTI 61 ICF/IID: 6	CARING PALMS HEALTH CARE CENTER 8000 CALMONT FORT WORTH TX PHONE: (817) 992-2028 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information VALLEY RESIDENTIAL CORPORATION 8 CASA LINDA BROWNSVILLE TX PHONE: (956) 546-4668 PROGRAM TYPE: ICF/IID License Exp Dt: 09/22/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED	INC ,APT 249 76116 FAX: SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI 78521 FAX: (956) 546-1636 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI
Facility Information: CARING PALMS HEALTH CAR 1415 W WASHINGTON ST BROWNSVILLE Phone (956) 546-3714 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CAMERON Facility Information: CASA LINDA GROUP HOME 8 CASA LINDA BROWNSVILLE Phone (956) 546-4668 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CAMERON Facility Information: CASA LINDA GROUP HOME 8 CASA LINDA BROWNSVILLE Phone (956) 546-4668 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CAMERON Facility Information: ADRIAN COMMUNITY HOME 2214 ADRIAN ST HARLINGEN Phone (956) 428-3874	Facility ID: TX Facility ID:	78520	0 0 0 Reg Svcs: (956) 546-1636 0 0 0	ICF/IID: 72 CORPUS CHRISTI 61 ICF/IID: 6 CORPUS CHRISTI 61	CARING PALMS HEALTH CARE CENTER 8000 CALMONT FORT WORTH TX PHONE: (817) 992-2028 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information VALLEY RESIDENTIAL CORPORATION 8 CASA LINDA BROWNSVILLE TX PHONE: (956) 546-4668 PROGRAM TYPE: ICF/IID License Exp Dt: 09/22/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD	Region 11 - CORPUS CHRISTI 78521 FAX: (956) 546-1636 SERVICE TYPE PRIVATELY OWNED 78521 FAX: (956) 546-1636 SERVICE TYPE PRIVATELY OWNED
Facility Information: CARING PALMS HEALTH CAR 1415 W WASHINGTON ST BROWNSVILLE Phone (956) 546-3714 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CAMERON Facility Information: CASA LINDA GROUP HOME 8 CASA LINDA BROWNSVILLE Phone (956) 546-4668 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CAMERON Facility Information: ADRIAN COMMUNITY HOME 2214 ADRIAN ST HARLINGEN Phone (956) 428-3874 TOTAL Lic Capacity: 0	Facility ID: TX Facility ID:	78520	0 0 0 Reg Svcs: (956) 546-1636 0 0 0 Reg Svcs:	ICF/IID: 72 CORPUS CHRISTI 61 ICF/IID: 6	CARING PALMS HEALTH CARE CENTER 8000 CALMONT FORT WORTH TX PHONE: (817) 992-2028 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information VALLEY RESIDENTIAL CORPORATION 8 CASA LINDA BROWNSVILLE TX PHONE: (956) 546-4668 PROGRAM TYPE: ICF/IID License Exp Dt: 09/22/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100	TAX: SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI 78521 FAX: (956) 546-1636 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI PARTNERSHIP 40223-3808 FAX: (502) 394-2285
Facility Information: CARING PALMS HEALTH CAR 1415 W WASHINGTON ST BROWNSVILLE Phone (956) 546-3714 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CAMERON Facility Information: CASA LINDA GROUP HOME 8 CASA LINDA BROWNSVILLE Phone (956) 546-4668 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CAMERON Facility Information: CASA LINDA GROUP HOME 8 CASA LINDA BROWNSVILLE Phone (956) 546-4668 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CAMERON Facility Information: ADRIAN COMMUNITY HOME 2214 ADRIAN ST HARLINGEN Phone (956) 428-3874	Facility ID: TX Facility ID:	78520	0 0 0 Reg Svcs: (956) 546-1636 0 0 0 Reg Svcs:	ICF/IID: 72 CORPUS CHRISTI 61 ICF/IID: 6 CORPUS CHRISTI 61	CARING PALMS HEALTH CARE CENTER 8000 CALMONT FORT WORTH TX PHONE: (817) 992-2028 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information VALLEY RESIDENTIAL CORPORATION 8 CASA LINDA BROWNSVILLE TX PHONE: (956) 546-4668 PROGRAM TYPE: ICF/IID License Exp Dt: 09/22/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY	INC ,APT 249 76116 FAX: SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI 78521 FAX: (956) 546-1636 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI PARTNERSHIP 40223-3808

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County CAMERON	pr 1312 100	000074	Reg Svcs:	CORPUS CHRISTI 61	0 17 "	Region 11 - CORPUS CHRISTI
Facility Information:	Facility ID:	003954			Owner Information	DADTNIEDCHID
DOMINION COMMUNITY HON 133 W DOMINION	ИE				EDUCARE COMMUNITY LIVING LIMITED	PARTNERSHIP
HARLINGEN	TX	78550-3825			9901 LINN STATION ROAD	40002 2000
Phone (956) 421-4035		Fax			LOUISVILLE KY	40223-3808
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (502) 394-2100	FAX : (502) 394-2285
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2019	
County CAMERON			Reg Svcs:	CORPUS CHRISTI 61		Region 11 - CORPUS CHRISTI
Facility Information:	Facility ID:	003983	3		Owner Information	
EAST WASHINGTON COMMU	JNITY HOME				EDUCARE COMMUNITY LIVING LIMITED) PARTNERSHIP
1907 E WASHINGTON AVE					9901 LINN STATION ROAD	
HARLINGEN (050) 403 4040	TX	78550-5744			LOUISVILLE KY	40223-3808
Phone (956) 423-1942		Fax			PHONE : (502) 394-2100	FAX : (502) 394-2285
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:				JENNIGETTI E TRIVATEET OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2017	
County CAMERON			Reg Svcs:	CORPUS CHRISTI 61		Region 11 - CORPUS CHRISTI
Facility Information:	Facility ID:	007236			Owner Information	
MARIPOSA COMMUNITY HON	ME				EDUCARE COMMUNITY LIVING LIMITED) PARTNERSHIP
2505 MARIPOSA HARLINGEN	TX	78550-7853			9901 LINN STATION ROAD	
Phone (956) 428-1666		Fax			LOUISVILLE KY	40223-3808
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (502) 394-2100	FAX: (502) 394-2285
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2017	
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County CAMERON						
,	F:!!4 ID-	007440	Reg Svcs:	CORPUS CHRISTI 61	O	Region 11 - CORPUS CHRISTI
Facility Information:	Facility ID:	007112	Reg Svcs:	CORPUS CHRISTIBL	Owner Information	Region 11 - CORPUS CHRISTI
,	-	007112	Reg Svcs:	CORPOS CHRISTI 61	DADS	Region 11 - CORPUS CHRISTI
Facility Information: RIO GRANDE STATE CENTER	-	007112 78550	Reg Svcs:	CORPUS CHRISTI 61	DADS PO BOX 12668	·
Facility Information: RIO GRANDE STATE CENTER 1401 S RANGERVILLE RD	R		(956) 364-8487	CORPUS CHRISTI 61	DADS PO BOX 12668 AUSTIN TX	78711
Facility Information: RIO GRANDE STATE CENTER 1401 S RANGERVILLE RD HARLINGEN	R	78550	(956) 364-8487	ICF/IID: 110	DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761	78711 FAX :
Facility Information: RIO GRANDE STATE CENTER 1401 S RANGERVILLE RD HARLINGEN Phone (956) 364-8000	R	78550 Fax	(956) 364-8487 0		DADS PO BOX 12668 AUSTIN TX	78711
Facility Information: RIO GRANDE STATE CENTER 1401 S RANGERVILLE RD HARLINGEN Phone (956) 364-8000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	R	78550 Fax TITLE 18: TITLE19:	(956) 364-8487 0		DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID	78711 FAX: SERVICE TYPE STATE SCHOOL/STATE
Facility Information: RIO GRANDE STATE CENTER 1401 S RANGERVILLE RD HARLINGEN Phone (956) 364-8000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	R	78550 Fax TITLE 18:	(956) 364-8487 0 0		DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761	78711 FAX: SERVICE TYPE STATE SCHOOL/STATE CENTER
Facility Information: RIO GRANDE STATE CENTER 1401 S RANGERVILLE RD HARLINGEN Phone (956) 364-8000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CAMERON	TX	78550 Fax TITLE 18: TITLE19: TITLE 18/19:	(956) 364-8487 0		DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt:	78711 FAX: SERVICE TYPE STATE SCHOOL/STATE
Facility Information: RIO GRANDE STATE CENTER 1401 S RANGERVILLE RD HARLINGEN Phone (956) 364-8000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CAMERON Facility Information:	TX Facility ID:	78550 Fax TITLE 18: TITLE19:	(956) 364-8487 0 0	ICF/IID: 110	DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information	78711 FAX: SERVICE TYPE STATE SCHOOL/STATE CENTER Region 11 - CORPUS CHRISTI
Facility Information: RIO GRANDE STATE CENTER 1401 S RANGERVILLE RD HARLINGEN Phone (956) 364-8000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CAMERON Facility Information: SAM HOUSTON COMMUNITY	TX Facility ID:	78550 Fax TITLE 18: TITLE19: TITLE 18/19:	(956) 364-8487 0 0	ICF/IID: 110	DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING LIMITED	78711 FAX: SERVICE TYPE STATE SCHOOL/STATE CENTER Region 11 - CORPUS CHRISTI
Facility Information: RIO GRANDE STATE CENTER 1401 S RANGERVILLE RD HARLINGEN Phone (956) 364-8000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CAMERON Facility Information:	TX Facility ID:	78550 Fax TITLE 18: TITLE19: TITLE 18/19:	(956) 364-8487 0 0	ICF/IID: 110	DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD	78711 FAX: SERVICE TYPE STATE SCHOOL/STATE CENTER Region 11 - CORPUS CHRISTI D PARTNERSHIP
Facility Information: RIO GRANDE STATE CENTER 1401 S RANGERVILLE RD HARLINGEN Phone (956) 364-8000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CAMERON Facility Information: SAM HOUSTON COMMUNITY 580 N SAM HOUSTON BLVD	TX Facility ID:	78550 Fax TITLE 18: TITLE19: TITLE 18/19: 003979	(956) 364-8487 0 0	ICF/IID: 110	DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY	78711 FAX: SERVICE TYPE STATE SCHOOL/STATE CENTER Region 11 - CORPUS CHRISTI D PARTNERSHIP 40223-3808
Facility Information: RIO GRANDE STATE CENTER 1401 S RANGERVILLE RD HARLINGEN Phone (956) 364-8000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CAMERON Facility Information: SAM HOUSTON COMMUNITY 580 N SAM HOUSTON BLVD SAN BENITO	TX Facility ID:	78550 Fax TITLE 18: TITLE19: TITLE 18/19: 003979 78586-4669	(956) 364-8487 0 0 Reg Svcs:	ICF/IID: 110	DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD	78711 FAX: SERVICE TYPE STATE SCHOOL/STATE CENTER Region 11 - CORPUS CHRISTI D PARTNERSHIP
Facility Information: RIO GRANDE STATE CENTER 1401 S RANGERVILLE RD HARLINGEN Phone (956) 364-8000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CAMERON Facility Information: SAM HOUSTON COMMUNITY 580 N SAM HOUSTON BLVD SAN BENITO Phone (956) 399-1020	TX Facility ID:	78550	(956) 364-8487 0 0 Reg Svcs:	ICF/IID: 110 CORPUS CHRISTI 61	DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY	78711 FAX: SERVICE TYPE STATE SCHOOL/STATE CENTER Region 11 - CORPUS CHRISTI D PARTNERSHIP 40223-3808
Facility Information: RIO GRANDE STATE CENTER 1401 S RANGERVILLE RD HARLINGEN Phone (956) 364-8000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CAMERON Facility Information: SAM HOUSTON COMMUNITY 580 N SAM HOUSTON BLVD SAN BENITO Phone (956) 399-1020 TOTAL Lic Capacity: 0	TX Facility ID:	78550	(956) 364-8487 0 0 0 Reg Svcs: (512) 328-8211 0	ICF/IID: 110 CORPUS CHRISTI 61	DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100	78711 FAX: SERVICE TYPE STATE SCHOOL/STATE CENTER Region 11 - CORPUS CHRISTI D PARTNERSHIP 40223-3808 FAX: (502) 394-2285
Facility Information: RIO GRANDE STATE CENTER 1401 S RANGERVILLE RD HARLINGEN Phone (956) 364-8000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CAMERON Facility Information: SAM HOUSTON COMMUNITY 580 N SAM HOUSTON BLVD SAN BENITO Phone (956) 399-1020 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	78550 Fax TITLE 18: TITLE 19: TITLE 18/19: 003979 78586-4669 Fax TITLE 18: TITLE 18:	(956) 364-8487 0 0 Reg Svcs: (512) 328-8211 0 0	ICF/IID: 110 CORPUS CHRISTI 61 ICF/IID: 6	DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	78711 FAX: SERVICE TYPE STATE SCHOOL/STATE CENTER Region 11 - CORPUS CHRISTI D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
Facility Information: RIO GRANDE STATE CENTER 1401 S RANGERVILLE RD HARLINGEN Phone (956) 364-8000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CAMERON Facility Information: SAM HOUSTON COMMUNITY 580 N SAM HOUSTON BLVD SAN BENITO Phone (956) 399-1020 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CASS	TX Facility ID:	78550 Fax TITLE 18: TITLE 19: TITLE 18/19: 003979 78586-4669 Fax TITLE 18: TITLE 18:	(956) 364-8487 0 0 0 Reg Svcs: (512) 328-8211 0	ICF/IID: 110 CORPUS CHRISTI 61	DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	78711 FAX: SERVICE TYPE STATE SCHOOL/STATE CENTER Region 11 - CORPUS CHRISTI D PARTNERSHIP 40223-3808 FAX: (502) 394-2285
Facility Information: RIO GRANDE STATE CENTER 1401 S RANGERVILLE RD HARLINGEN Phone (956) 364-8000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CAMERON Facility Information: SAM HOUSTON COMMUNITY 580 N SAM HOUSTON BLVD SAN BENITO Phone (956) 399-1020 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	Facility ID: TX Facility ID: TX	78550 Fax TITLE 18: TITLE 19: TITLE 18/19: 003979 78586-4669 Fax TITLE 18: TITLE 19: TITLE 18/19:	(956) 364-8487 0 0 Reg Svcs: (512) 328-8211 0 0	ICF/IID: 110 CORPUS CHRISTI 61 ICF/IID: 6	DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	78711 FAX: SERVICE TYPE STATE SCHOOL/STATE CENTER Region 11 - CORPUS CHRISTI D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER
Facility Information: RIO GRANDE STATE CENTER 1401 S RANGERVILLE RD HARLINGEN Phone (956) 364-8000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CAMERON Facility Information: SAM HOUSTON COMMUNITY 580 N SAM HOUSTON BLVD SAN BENITO Phone (956) 399-1020 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CASS Facility Information: EVERGREEN CHOCTAW CON 1313 CHOCTAW	Facility ID: TX Facility ID: MMUNITY HOM	78550 Fax TITLE 18: TITLE 19: TITLE 18/19: 003979 78586-4669 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	(956) 364-8487 0 0 Reg Svcs: (512) 328-8211 0 0	ICF/IID: 110 CORPUS CHRISTI 61 ICF/IID: 6	DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information	78711 FAX: SERVICE TYPE STATE SCHOOL/STATE CENTER Region 11 - CORPUS CHRISTI D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER
Facility Information: RIO GRANDE STATE CENTER 1401 S RANGERVILLE RD HARLINGEN Phone (956) 364-8000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CAMERON Facility Information: SAM HOUSTON COMMUNITY 580 N SAM HOUSTON BLVD SAN BENITO Phone (956) 399-1020 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CASS Facility Information: EVERGREEN CHOCTAW CON 1313 CHOCTAW ATLANTA	Facility ID: TX Facility ID: TX	78550 Fax TITLE 18: TITLE 19: TITLE 18/19: 003979 78586-4669 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19: 003699 ME 75551	(956) 364-8487 0 0 0 Reg Svcs: (512) 328-8211 0 0 0	ICF/IID: 110 CORPUS CHRISTI 61 ICF/IID: 6	DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EVERGREEN PRESBYTERIAN MINISTR	78711 FAX: SERVICE TYPE STATE SCHOOL/STATE CENTER Region 11 - CORPUS CHRISTI D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER
Facility Information: RIO GRANDE STATE CENTER 1401 S RANGERVILLE RD HARLINGEN Phone (956) 364-8000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CAMERON Facility Information: SAM HOUSTON COMMUNITY 580 N SAM HOUSTON BLVD SAN BENITO Phone (956) 399-1020 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CASS Facility Information: EVERGREEN CHOCTAW CON 1313 CHOCTAW	Facility ID: TX Facility ID: MMUNITY HOM	78550 Fax TITLE 18: TITLE 19: TITLE 18/19: 003979 78586-4669 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	(956) 364-8487 0 0 Reg Svcs: (512) 328-8211 0 0	ICF/IID: 110 CORPUS CHRISTI 61 ICF/IID: 6	DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX	78711 FAX: SERVICE TYPE STATE SCHOOL/STATE CENTER Region 11 - CORPUS CHRISTI D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER IES OF TEXAS INC 75238
Facility Information: RIO GRANDE STATE CENTER 1401 S RANGERVILLE RD HARLINGEN Phone (956) 364-8000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CAMERON Facility Information: SAM HOUSTON COMMUNITY 580 N SAM HOUSTON BLVD SAN BENITO Phone (956) 399-1020 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CASS Facility Information: EVERGREEN CHOCTAW COM 1313 CHOCTAW ATLANTA Phone (903) 796-9619 TOTAL Lic Capacity: 0	Facility ID: TX Facility ID: MMUNITY HOM	78550	(956) 364-8487 0 0 Reg Svcs: (512) 328-8211 0 0 0 Reg Svcs:	ICF/IID: 110 CORPUS CHRISTI 61 ICF/IID: 6	DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX PHONE: (972) 386-4834	78711 FAX: SERVICE TYPE STATE SCHOOL/STATE CENTER Region 11 - CORPUS CHRISTI D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER IES OF TEXAS INC 75238 FAX:
Facility Information: RIO GRANDE STATE CENTER 1401 S RANGERVILLE RD HARLINGEN Phone (956) 364-8000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CAMERON Facility Information: SAM HOUSTON COMMUNITY 580 N SAM HOUSTON BLVD SAN BENITO Phone (956) 399-1020 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CASS Facility Information: EVERGREEN CHOCTAW CON 1313 CHOCTAW ATLANTA Phone (903) 796-9619	Facility ID: TX Facility ID: MMUNITY HOM	78550 Fax TITLE 18: TITLE 19: TITLE 18/19: 003979 78586-4669 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19: 003699 ME 75551 Fax	(956) 364-8487 0 0 Reg Svcs: (512) 328-8211 0 0 0 Reg Svcs: (903) 792-1861 0	ICF/IID: 110 CORPUS CHRISTI 61 ICF/IID: 6	DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX	78711 FAX: SERVICE TYPE STATE SCHOOL/STATE CENTER Region 11 - CORPUS CHRISTI D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER IES OF TEXAS INC 75238

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County CASS			Reg Svcs:	ICF/IID TEAM		Region 04 - TYLER
Facility Information:	Facility ID:	007432			Owner Information	
EVERGREEN CLEARVIEW CO	DMMUNITY HO	DME			EVERGREEN PRESBYTERIAN MINISTR	RIES OF TEXAS INC
101 CLEARVIEW ATLANTA	TX	75551			10810 SANDEN DR	
Phone (903) 796-5552		Fax	(903) 792-1861		DALLAS TX	75238
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (972) 386-4834	FAX:
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 07/09/2018	
County CHEROKEE			Reg Svcs:	ICF/IID TEAM		Region 04 - TYLER
Facility Information:	Facility ID:	010279			Owner Information	
ATCHISON GROUP HOME					BLUEBONNET HOMES INC	
RR 2 BOX 796 514 CR 4204 JACKSONVILLE	TX	75766			128 S MAGDALEN	
Phone (903) 586-3419		Fax			SAN ANGELO TX	76903
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE: (325) 658-6664	FAX: (325) 659-3769
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 11/01/2018	
County CHEROKEE			Reg Svcs:	ICF/IID TEAM		Region 04 - TYLER
Facility Information:	Facility ID:	010278	·		Owner Information	•
DOGWOOD GROUP HOME					BLUEBONNET HOMES INC	
432 DOGWOOD ST JACKSONVILLE	TX	75766			128 S MAGDALEN	
Phone (903) 586-8556	17	Fax			SAN ANGELO TX	76903
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (325) 658-6664	FAX : (325) 659-3769
Cert Alzh Capacity: 0		TITLE 19:		IOI NID.	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 11/01/2018	
County CHEROKEE			Rea Svcs:	ICF/IID TEAM		Region 04 - TYLER
County CHEROKEE Facility Information:	Facility ID:	010355	Reg Svcs:	ICF/IID TEAM	Owner Information	Region 04 - TYLER
•	•	010355	Reg Svcs:	ICF/IID TEAM	Owner Information BLUEBONNET HOMES INC	Region 04 - TYLER
Facility Information: SAN ANTONIO GROUP HOME 602 DALLAS STREET	·		Reg Svcs:	ICF/IID TEAM		Region 04 - TYLER
Facility Information: SAN ANTONIO GROUP HOME 602 DALLAS STREET JACKSONVILLE	•	75766		ICF/IID TEAM	BLUEBONNET HOMES INC	Region 04 - TYLER 76903
Facility Information: SAN ANTONIO GROUP HOME 602 DALLAS STREET JACKSONVILLE Phone (903) 541-4919	·	75766 Fax	(903) 586-9120		BLUEBONNET HOMES INC 128 S MAGDALEN	ŭ
Facility Information: SAN ANTONIO GROUP HOME 602 DALLAS STREET JACKSONVILLE Phone (903) 541-4919 TOTAL Lic Capacity: 0	·	75766	(903) 586-9120 0	ICF/IID TEAM ICF/IID: 6	BLUEBONNET HOMES INC 128 S MAGDALEN SAN ANGELO TX	76903
Facility Information: SAN ANTONIO GROUP HOME 602 DALLAS STREET JACKSONVILLE Phone (903) 541-4919	·	75766 Fax TITLE 18: TITLE19:	(903) 586-9120 0		BLUEBONNET HOMES INC 128 S MAGDALEN SAN ANGELO TX PHONE: (325) 658-6664	76903 FAX: (325) 659-3769
Facility Information: SAN ANTONIO GROUP HOME 602 DALLAS STREET JACKSONVILLE Phone (903) 541-4919 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	75766 Fax TITLE 18: TITLE19:	(903) 586-9120 0 0		BLUEBONNET HOMES INC 128 S MAGDALEN SAN ANGELO TX PHONE: (325) 658-6664 PROGRAM TYPE: ICF/IID	76903 FAX: (325) 659-3769 SERVICE TYPE PRIVATELY OWNED
Facility Information: SAN ANTONIO GROUP HOME 602 DALLAS STREET JACKSONVILLE Phone (903) 541-4919 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	75766 Fax TITLE 18: TITLE19:	(903) 586-9120 0	ICF/IID: 6	BLUEBONNET HOMES INC 128 S MAGDALEN SAN ANGELO TX PHONE: (325) 658-6664 PROGRAM TYPE: ICF/IID	76903 FAX: (325) 659-3769
Facility Information: SAN ANTONIO GROUP HOME 602 DALLAS STREET JACKSONVILLE Phone (903) 541-4919 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CHEROKEE	TX Facility ID:	75766 Fax TITLE 18: TITLE19: TITLE 18/19:	(903) 586-9120 0 0	ICF/IID: 6	BLUEBONNET HOMES INC 128 S MAGDALEN SAN ANGELO TX PHONE: (325) 658-6664 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2018	76903 FAX: (325) 659-3769 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER
Facility Information: SAN ANTONIO GROUP HOME 602 DALLAS STREET JACKSONVILLE Phone (903) 541-4919 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CHEROKEE Facility Information: FOREST HILLS GROUP HOME 803 SHARON ST	TX Facility ID:	75766 Fax TITLE 18: TITLE19: TITLE 18/19:	(903) 586-9120 0 0	ICF/IID: 6	BLUEBONNET HOMES INC 128 S MAGDALEN SAN ANGELO TX PHONE: (325) 658-6664 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2018 Owner Information	76903 FAX: (325) 659-3769 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER
Facility Information: SAN ANTONIO GROUP HOME 602 DALLAS STREET JACKSONVILLE Phone (903) 541-4919 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CHEROKEE Facility Information: FOREST HILLS GROUP HOME 803 SHARON ST RUSK	TX Facility ID:	75766 Fax TITLE 18: TITLE19: TITLE 18/19:	(903) 586-9120 0 0	ICF/IID: 6	BLUEBONNET HOMES INC 128 S MAGDALEN SAN ANGELO TX PHONE: (325) 658-6664 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2018 Owner Information ANDERSON CHEROKEE COMMUNITY	76903 FAX: (325) 659-3769 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER
Facility Information: SAN ANTONIO GROUP HOME 602 DALLAS STREET JACKSONVILLE Phone (903) 541-4919 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CHEROKEE Facility Information: FOREST HILLS GROUP HOME 803 SHARON ST RUSK Phone (903) 683-6151	TX Facility ID:	75766	(903) 586-9120 0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID TEAM	BLUEBONNET HOMES INC 128 S MAGDALEN SAN ANGELO TX PHONE: (325) 658-6664 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2018 Owner Information ANDERSON CHEROKEE COMMUNITY 913 N JACKSON	76903 FAX: (325) 659-3769 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER ENRICHMENT SERVICES
Facility Information: SAN ANTONIO GROUP HOME 602 DALLAS STREET JACKSONVILLE Phone (903) 541-4919 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CHEROKEE Facility Information: FOREST HILLS GROUP HOME 803 SHARON ST RUSK	TX Facility ID:	75766 Fax TITLE 18: TITLE19: TITLE 18/19: 007648	(903) 586-9120 0 0 0 Reg Svcs:	ICF/IID: 6	BLUEBONNET HOMES INC 128 S MAGDALEN SAN ANGELO TX PHONE: (325) 658-6664 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2018 Owner Information ANDERSON CHEROKEE COMMUNITY 913 N JACKSON JACKSONVILLE TX	76903 FAX: (325) 659-3769 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER ENRICHMENT SERVICES 75766
Facility Information: SAN ANTONIO GROUP HOME 602 DALLAS STREET JACKSONVILLE Phone (903) 541-4919 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County CHEROKEE Facility Information: FOREST HILLS GROUP HOME 803 SHARON ST RUSK Phone (903) 683-6151 TOTAL Lic Capacity: 0	TX Facility ID:	75766 Fax TITLE 18: TITLE 19: TITLE 18/19: 007648 75785 Fax TITLE 18:	(903) 586-9120 0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID TEAM	BLUEBONNET HOMES INC 128 S MAGDALEN SAN ANGELO TX PHONE: (325) 658-6664 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2018 Owner Information ANDERSON CHEROKEE COMMUNITY 913 N JACKSON JACKSONVILLE TX PHONE: (903) 586-5507	76903 FAX: (325) 659-3769 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER ENRICHMENT SERVICES 75766 FAX:
Facility Information: SAN ANTONIO GROUP HOME 602 DALLAS STREET JACKSONVILLE Phone (903) 541-4919 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County CHEROKEE Facility Information: FOREST HILLS GROUP HOME 803 SHARON ST RUSK Phone (903) 683-6151 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	75766	(903) 586-9120 0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID TEAM	BLUEBONNET HOMES INC 128 S MAGDALEN SAN ANGELO TX PHONE: (325) 658-6664 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2018 Owner Information ANDERSON CHEROKEE COMMUNITY 913 N JACKSON JACKSONVILLE TX PHONE: (903) 586-5507 PROGRAM TYPE: ICF/IID	76903 FAX: (325) 659-3769 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER ENRICHMENT SERVICES 75766 FAX:
Facility Information: SAN ANTONIO GROUP HOME 602 DALLAS STREET JACKSONVILLE Phone (903) 541-4919 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County CHEROKEE Facility Information: FOREST HILLS GROUP HOME 803 SHARON ST RUSK Phone (903) 683-6151 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	75766	(903) 586-9120 0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID TEAM ICF/IID: 6	BLUEBONNET HOMES INC 128 S MAGDALEN SAN ANGELO TX PHONE: (325) 658-6664 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2018 Owner Information ANDERSON CHEROKEE COMMUNITY 913 N JACKSON JACKSONVILLE TX PHONE: (903) 586-5507 PROGRAM TYPE: ICF/IID	76903 FAX: (325) 659-3769 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER ENRICHMENT SERVICES 75766 FAX: SERVICE TYPE GOVERNMENT BASED
Facility Information: SAN ANTONIO GROUP HOME 602 DALLAS STREET JACKSONVILLE Phone (903) 541-4919 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CHEROKEE Facility Information: FOREST HILLS GROUP HOME 803 SHARON ST RUSK Phone (903) 683-6151 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CHEROKEE Facility Information: PECAN GROVE HOME	Facility ID: E	75766	(903) 586-9120 0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID TEAM ICF/IID: 6	BLUEBONNET HOMES INC 128 S MAGDALEN SAN ANGELO TX PHONE: (325) 658-6664 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2018 Owner Information ANDERSON CHEROKEE COMMUNITY 913 N JACKSON JACKSONVILLE TX PHONE: (903) 586-5507 PROGRAM TYPE: ICF/IID License Exp Dt:	76903 FAX: (325) 659-3769 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER ENRICHMENT SERVICES 75766 FAX: SERVICE TYPE GOVERNMENT BASED Region 04 - TYLER
Facility Information: SAN ANTONIO GROUP HOME 602 DALLAS STREET JACKSONVILLE Phone (903) 541-4919 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County CHEROKEE Facility Information: FOREST HILLS GROUP HOMI 803 SHARON ST RUSK Phone (903) 683-6151 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CHEROKEE Facility Information: PECAN GROVE HOME 619 E FOURTH ST	Facility ID: TX Facility ID:	75766	(903) 586-9120 0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID TEAM ICF/IID: 6	BLUEBONNET HOMES INC 128 S MAGDALEN SAN ANGELO TX PHONE: (325) 658-6664 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2018 Owner Information ANDERSON CHEROKEE COMMUNITY 913 N JACKSON JACKSONVILLE TX PHONE: (903) 586-5507 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information	76903 FAX: (325) 659-3769 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER ENRICHMENT SERVICES 75766 FAX: SERVICE TYPE GOVERNMENT BASED Region 04 - TYLER
Facility Information: SAN ANTONIO GROUP HOME 602 DALLAS STREET JACKSONVILLE Phone (903) 541-4919 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CHEROKEE Facility Information: FOREST HILLS GROUP HOME 803 SHARON ST RUSK Phone (903) 683-6151 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CHEROKEE Facility Information: PECAN GROVE HOME	Facility ID: E	75766	(903) 586-9120 0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID TEAM ICF/IID: 6	BLUEBONNET HOMES INC 128 S MAGDALEN SAN ANGELO TX PHONE: (325) 658-6664 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2018 Owner Information ANDERSON CHEROKEE COMMUNITY 913 N JACKSON JACKSONVILLE TX PHONE: (903) 586-5507 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information ANDERSON CHEROKEE COMMUNITY	76903 FAX: (325) 659-3769 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER ENRICHMENT SERVICES 75766 FAX: SERVICE TYPE GOVERNMENT BASED Region 04 - TYLER
Facility Information: SAN ANTONIO GROUP HOME 602 DALLAS STREET JACKSONVILLE Phone (903) 541-4919 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County CHEROKEE Facility Information: FOREST HILLS GROUP HOME 803 SHARON ST RUSK Phone (903) 683-6151 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CHEROKEE Facility Information: PECAN GROVE HOME 619 E FOURTH ST RUSK Phone (903) 683-6547	Facility ID: TX Facility ID:	75766	(903) 586-9120 0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID TEAM ICF/IID: 6	BLUEBONNET HOMES INC 128 S MAGDALEN SAN ANGELO TX PHONE: (325) 658-6664 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2018 Owner Information ANDERSON CHEROKEE COMMUNITY 913 N JACKSON JACKSONVILLE TX PHONE: (903) 586-5507 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information ANDERSON CHEROKEE COMMUNITY 913 N JACKSON CHEROKEE COMMUNITY	76903 FAX: (325) 659-3769 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER ENRICHMENT SERVICES 75766 FAX: SERVICE TYPE GOVERNMENT BASED Region 04 - TYLER ENRICHMENT SERVICES
Facility Information: SAN ANTONIO GROUP HOME 602 DALLAS STREET JACKSONVILLE Phone (903) 541-4919 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County CHEROKEE Facility Information: FOREST HILLS GROUP HOME 803 SHARON ST RUSK Phone (903) 683-6151 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County CHEROKEE Facility Information: PECAN GROVE HOME 619 E FOURTH ST RUSK	Facility ID: TX Facility ID:	75766	(903) 586-9120 0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID TEAM ICF/IID: 6	BLUEBONNET HOMES INC 128 S MAGDALEN SAN ANGELO TX PHONE: (325) 658-6664 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2018 Owner Information ANDERSON CHEROKEE COMMUNITY 913 N JACKSON JACKSONVILLE TX PHONE: (903) 586-5507 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information ANDERSON CHEROKEE COMMUNITY 913 N JACKSON JACKSONVILLE TX Owner Information ANDERSON CHEROKEE COMMUNITY 913 N JACKSON JACKSONVILLE TX	76903 FAX: (325) 659-3769 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER ENRICHMENT SERVICES 75766 FAX: SERVICE TYPE GOVERNMENT BASED Region 04 - TYLER ENRICHMENT SERVICES 75766
Facility Information: SAN ANTONIO GROUP HOME 602 DALLAS STREET JACKSONVILLE Phone (903) 541-4919 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County CHEROKEE Facility Information: FOREST HILLS GROUP HOME 803 SHARON ST RUSK Phone (903) 683-6151 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County CHEROKEE Facility Information: FOREST HILLS GROUP HOME 6003 SHARON ST RUSK Phone (903) 683-6151 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County CHEROKEE Facility Information: PECAN GROVE HOME 619 E FOURTH ST RUSK Phone (903) 683-6547 TOTAL Lic Capacity: 0	Facility ID: TX Facility ID:	75766 Fax TITLE 18: TITLE 19: TITLE 18/19: 007648 75785 Fax TITLE 18: TITLE 18/19: 007649 75785 Fax TITLE 18/19:	(903) 586-9120 0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID TEAM ICF/IID: 6	BLUEBONNET HOMES INC 128 S MAGDALEN SAN ANGELO TX PHONE: (325) 658-6664 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2018 Owner Information ANDERSON CHEROKEE COMMUNITY 913 N JACKSON JACKSONVILLE TX PHONE: (903) 586-5507 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information ANDERSON CHEROKEE COMMUNITY 913 N JACKSON JACKSONVILLE TX PHONE: (903) 586-5507	76903 FAX: (325) 659-3769 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER ENRICHMENT SERVICES 75766 FAX: SERVICE TYPE GOVERNMENT BASED Region 04 - TYLER ENRICHMENT SERVICES 75766 FAX:

Wednesday, January 04, 2017 Page 28 of 138

		Reg Svcs: IID TEAM		Region 03 - ARLINGTON
Facility Information: Facility I	D : 007421		Owner Information	-
CHERRYWOOD COMMUNITY HOME			EDUCARE COMMUNITY LIVING LIMITE	D PARTNERSHIP
2900 PORT O CALL PLANO TX	75075		9901 LINN STATION ROAD	
Phone (972) 867-4159	Fax		LOUISVILLE KY	40223-3808
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PHONE : (502) 394-2100	FAX: (502) 394-2285
Cert Alzh Capacity: 0	TITLE19: 0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0		License Exp Dt: 12/05/2017	
County COLLIN		Reg Svcs: IID TEAM		Region 03 - ARLINGTON
Facility Information: Facility I	D : 007306		Owner Information	
COLLIN COUNTY MHMR AT MULLINS			LIFEPATH SYSTEMS	
1313 MULLINS PLANO TX	75025		1111	
Phone (214) 424-4814	Fax		TX	
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PHONE:	FAX:
Cert Alzh Capacity: 0	TITLE19: 0		PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0	TITLE 18/19: 0		License Exp Dt:	
County COLLIN		Reg Svcs: IID TEAM		Region 03 - ARLINGTON
Facility Information: Facility I	D : 007269	-g	Owner Information	
CROSS BEND HOUSE			LIFEPATH SYSTEMS	
3019 CROSS BEND PLANO TX	75023		1111	
Phone (214) 596-8916	Fax		TX	
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PHONE:	FAX:
Cert Alzh Capacity: 0	TITLE 18: 0	IÇF/IID. 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
contraction output only.				
PRIVATE Beds: 0	TITLE 18/19: 0		License Exp Dt:	
	TITLE 18/19: 0	Pos Suga: IID TEAM	License Exp Dt:	Pagion 02 ADLINOTON
County COLLIN		Reg Svcs: IID TEAM	· · · · · · · · · · · · · · · · · · ·	Region 03 - ARLINGTON
		Reg Svcs: IID TEAM	License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING LIMITE	· ·
County COLLIN Facility Information: Facility I LONGHORN COMMUNITY HOME 957 LONGHORN DR	D : 007493	Reg Svcs: IID TEAM	Owner Information	· ·
County COLLIN Facility Information: Facility I LONGHORN COMMUNITY HOME 957 LONGHORN DR PLANO TX	D : 007493	Reg Svcs: IID TEAM	Owner Information EDUCARE COMMUNITY LIVING LIMITE	· ·
County COLLIN Facility Information: Facility I LONGHORN COMMUNITY HOME 957 LONGHORN DR PLANO TX Phone (972) 517-3762	D: 007493 75023 Fax	·	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD	D PARTNERSHIP
County COLLIN Facility Information: Facility I LONGHORN COMMUNITY HOME 957 LONGHORN DR PLANO TX Phone (972) 517-3762 TOTAL Lic Capacity: 0	75023 Fax TITLE 18: 0	Reg Svcs: IID TEAM ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY	ED PARTNERSHIP 40223-3808
County COLLIN Facility Information: Facility I LONGHORN COMMUNITY HOME 957 LONGHORN DR PLANO TX Phone (972) 517-3762 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	75023 Fax TITLE 18: 0 TITLE19: 0	·	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	ED PARTNERSHIP 40223-3808 FAX: (502) 394-2285
County COLLIN Facility Information: Facility I LONGHORN COMMUNITY HOME 957 LONGHORN DR PLANO TX Phone (972) 517-3762 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	75023 Fax TITLE 18: 0	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100	40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
County COLLIN Facility Information: Facility I LONGHORN COMMUNITY HOME 957 LONGHORN DR PLANO TX Phone (972) 517-3762 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County COLLIN	75023 Fax TITLE 18: 0 TITLE19: 0 TITLE 18/19: 0	·	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	ED PARTNERSHIP 40223-3808 FAX: (502) 394-2285
County COLLIN Facility Information: Facility II LONGHORN COMMUNITY HOME 957 LONGHORN DR PLANO TX Phone (972) 517-3762 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County COLLIN Facility Information: Facility II	75023 Fax TITLE 18: 0 TITLE19: 0 TITLE 18/19: 0	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information	40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
County COLLIN Facility Information: Facility I LONGHORN COMMUNITY HOME 957 LONGHORN DR PLANO TX Phone (972) 517-3762 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County COLLIN	75023 Fax TITLE 18: 0 TITLE19: 0 TITLE 18/19: 0	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE	40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
County COLLIN Facility Information: Facility II LONGHORN COMMUNITY HOME 957 LONGHORN DR PLANO TX Phone (972) 517-3762 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County COLLIN Facility Information: Facility II RIVERBEND COMMUNITY HOME 3700 GRIFBRICK PLANO TX	75023 Fax TITLE 18: 0 TITLE 19: 0 TITLE 18/19: 0 C: 007402	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information	40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
County COLLIN Facility Information: Facility II LONGHORN COMMUNITY HOME 957 LONGHORN DR PLANO TX Phone (972) 517-3762 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County COLLIN Facility Information: Facility II RIVERBEND COMMUNITY HOME 3700 GRIFBRICK	75023 Fax TITLE 18: 0 TITLE 19: 0 TITLE 18/19: 0 C: 007402 75075-1514 Fax	ICF/IID: 6 Reg Svcs: IID TEAM	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY	A0223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON D PARTNERSHIP 40223-3808
County COLLIN Facility Information: Facility II LONGHORN COMMUNITY HOME 957 LONGHORN DR PLANO TX Phone (972) 517-3762 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County COLLIN Facility Information: Facility II RIVERBEND COMMUNITY HOME 3700 GRIFBRICK PLANO TX Phone (972) 612-0394 TOTAL Lic Capacity: 0	75023 Fax TITLE 18: 0 TITLE 18/19: 0 TITLE 18/19: 0 75075-1514 Fax TITLE 18: 0	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100	### A0223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
County COLLIN Facility Information: Facility II LONGHORN COMMUNITY HOME 957 LONGHORN DR PLANO TX Phone (972) 517-3762 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County COLLIN Facility Information: Facility II RIVERBEND COMMUNITY HOME 3700 GRIFBRICK PLANO TX Phone (972) 612-0394 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	75023 Fax TITLE 18: 0 TITLE 19: 0 TITLE 18/19: 0 0: 007402 75075-1514 Fax TITLE 18: 0 TITLE 18: 0 TITLE 19: 0	ICF/IID: 6 Reg Svcs: IID TEAM	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	A0223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON D PARTNERSHIP 40223-3808
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County COLLIN Facility Information: Facility II LONGHORN COMMUNITY HOME 957 LONGHORN DR PLANO TX Phone (972) 517-3762 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County COLLIN Facility Information: Facility II RIVERBEND COMMUNITY HOME 3700 GRIFBRICK PLANO TX Phone (972) 612-0394 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County COLORADO Facility Information: Facility II County COLORADO Facility Information: Facility II COUNTY COLORADO Facility Information: Facility II WEIMAR COMMUNITY RESIDENCE	75023 Fax TITLE 18: 0 TITLE 19: 0 TITLE 18/19: 0 75075-1514 Fax TITLE 18: 0 TITLE 18: 0 TITLE 19: 0 TITLE 18: 0 TITLE 19: 0 TITLE 18/19: 0	ICF/IID: 6 Reg Svcs: IID TEAM ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information KENMAR RESIDENTIAL SERVICES INCOME	A0223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
County COLLIN Facility Information: Facility II LONGHORN COMMUNITY HOME 957 LONGHORN DR PLANO TX Phone (972) 517-3762 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County COLLIN Facility Information: Facility II RIVERBEND COMMUNITY HOME 3700 GRIFBRICK PLANO TX Phone (972) 612-0394 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County COLORADO Facility Information: Facility II	75023 Fax TITLE 18: 0 TITLE 19: 0 TITLE 18/19: 0 75075-1514 Fax TITLE 18: 0 TITLE 18: 0 TITLE 19: 0 TITLE 18: 0 TITLE 19: 0 TITLE 18/19: 0	ICF/IID: 6 Reg Svcs: IID TEAM ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD	A0223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON CORPORATED ,SUITE 100
County COLLIN Facility Information: Facility II LONGHORN COMMUNITY HOME 957 LONGHORN DR PLANO TX Phone (972) 517-3762 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County COLLIN Facility Information: Facility II RIVERBEND COMMUNITY HOME 3700 GRIFBRICK PLANO TX Phone (972) 612-0394 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County COLORADO Facility Information: Facility II County COLORADO Facility Information: Facility II WEIMAR COMMUNITY RESIDENCE 104 WEST SAINT CHARLES	75023 Fax TITLE 18: 0 TITLE 19: 0 TITLE 18/19: 0 75075-1514 Fax TITLE 18: 0 TITLE 18: 0 TITLE 19: 0 TITLE 18/19: 0 TITLE 18/19: 0 TITLE 18/19: 0	ICF/IID: 6 Reg Svcs: IID TEAM ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX	A0223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON CORPORATED ,SUITE 100 78665
County COLLIN Facility Information: Facility II LONGHORN COMMUNITY HOME 957 LONGHORN DR PLANO TX Phone (972) 517-3762 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County COLLIN Facility Information: Facility II RIVERBEND COMMUNITY HOME 3700 GRIFBRICK PLANO TX Phone (972) 612-0394 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County COLORADO Facility Information: Facility II RIVERBEND COMMUNITY RESIDENCE 104 WEST SAINT CHARLES WEIMAR TX	75023 Fax TITLE 18: 0 TITLE 19: 0 TITLE 18/19: 0 0: 007402 75075-1514 Fax TITLE 18: 0 TITLE 18: 0 TITLE 19: 0 TITLE 18/19: 0 0: 003993 78962	ICF/IID: 6 Reg Svcs: IID TEAM ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information KENMAR RESIDENTIAL SERVICES INCO 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800	## A0223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
County COLLIN Facility Information: Facility II LONGHORN COMMUNITY HOME 957 LONGHORN DR PLANO TX Phone (972) 517-3762 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County COLLIN Facility Information: Facility II RIVERBEND COMMUNITY HOME 3700 GRIFBRICK PLANO TX Phone (972) 612-0394 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County COLORADO Facility Information: Facility II WEIMAR COMMUNITY RESIDENCE 104 WEST SAINT CHARLES WEIMAR TX Phone (979) 725-8826	75023 Fax TITLE 18: 0 TITLE 19: 0 TITLE 18/19: 0 0: 007402 75075-1514 Fax TITLE 18: 0 TITLE 18: 0 TITLE 18/19: 0 TITLE 18/19: 0 TITLE 18/19: 0 0: 003993 78962 Fax	ICF/IID: 6 Reg Svcs: IID TEAM ICF/IID: 6 Reg Svcs: UNIT 21 (ICF/MR)	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX	A0223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON CORPORATED ,SUITE 100 78665

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County COMAI			Dog Cuesi	TEAM IOE IID		Degice OR CAN ANTONIO
County COMAL Facility Information:	Facility ID:	003611	Reg Svcs:	TEAM ICF-IID	Owner Information	Region 08 - SAN ANTONIO
BESS HOUSE	i acility ib.	000011			ANIOL III LLC	
157 BESS					750 RUSK AVE	
NEW BRAUNFELS	TX	78130			NEW BRAUNFELS TX	78130
Phone (830) 620-6174		Fax	(830) 629-2373		PHONE : (713) 271-7777	FAX:
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:				SERVICE TIPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 09/01/2017	-
County COMAL			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	003997			Owner Information	
EARL HOUSE					ANIOL III LLC	
926 EARL DR NEW BRAUNFELS	TX	78130			750 RUSK AVE	
Phone (830) 620-0141		Fax	(830) 629-2373		NEW BRAUNFELS TX	78130
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (713) 271-7777	FAX:
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 09/01/2017	
On the COMAL			D 0	TEAM IOE IID	·	Desire OR CANLANTONIO
County COMAL Facility Information:	Facility ID:	007260	Reg Svcs:	TEAM ICF-IID	Owner Information	Region 08 - SAN ANTONIO
GRANADA HOUSE	racility ib.	007200			ANIOL III LLC	
457 GRANADA					750 RUSK AVE	
NEW BRAUNFELS	TX	78130			NEW BRAUNFELS TX	78130
Phone (830) 620-0025		Fax	(830) 629-2373		PHONE : (713) 271-7777	FAX:
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:				SERVICE TIPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 09/01/2017	
County COMAL			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
County COMAL Facility Information:	Facility ID:	007233	Reg Svcs:	TEAM ICF-IID	Owner Information	Region 08 - SAN ANTONIO
Facility Information: MARIGOLD HOUSE	Facility ID:	007233	Reg Svcs:	TEAM ICF-IID	Owner Information ANIOL III LLC	Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	007233 78130	Reg Svcs:	TEAM ICF-IID	ANIOL III LLC 750 RUSK AVE	·
Facility Information: MARIGOLD HOUSE 1639 MARIGOLD	·		Reg Svcs:	TEAM ICF-IID	ANIOL III LLC	Region 08 - SAN ANTONIO 78130
Facility Information: MARIGOLD HOUSE 1639 MARIGOLD NEW BRAUNFELS	·	78130	(830) 629-2373	TEAM ICF-IID	ANIOL III LLC 750 RUSK AVE	·
Facility Information: MARIGOLD HOUSE 1639 MARIGOLD NEW BRAUNFELS Phone (830) 620-9604	·	78130 Fax	(830) 629-2373 0		ANIOL III LLC 750 RUSK AVE NEW BRAUNFELS TX	78130
Facility Information: MARIGOLD HOUSE 1639 MARIGOLD NEW BRAUNFELS Phone (830) 620-9604 TOTAL Lic Capacity: 0	·	78130 Fax TITLE 18:	(830) 629-2373 0 0		ANIOL III LLC 750 RUSK AVE NEW BRAUNFELS TX PHONE: (713) 271-7777	78130 FAX:
Facility Information: MARIGOLD HOUSE 1639 MARIGOLD NEW BRAUNFELS Phone (830) 620-9604 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	78130 Fax TITLE 18: TITLE19:	(830) 629-2373 0 0	ICF/IID: 6	ANIOL III LLC 750 RUSK AVE NEW BRAUNFELS TX PHONE: (713) 271-7777 PROGRAM TYPE: ICF/IID	78130 FAX: SERVICE TYPE PRIVATELY OWNED
Facility Information: MARIGOLD HOUSE 1639 MARIGOLD NEW BRAUNFELS Phone (830) 620-9604 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County COMAL	TX	78130 Fax TITLE 18: TITLE19: TITLE 18/19:	(830) 629-2373 0 0		ANIOL III LLC 750 RUSK AVE NEW BRAUNFELS TX PHONE: (713) 271-7777 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017	78130 FAX:
Facility Information: MARIGOLD HOUSE 1639 MARIGOLD NEW BRAUNFELS Phone (830) 620-9604 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	78130 Fax TITLE 18: TITLE19:	(830) 629-2373 0 0	ICF/IID: 6	ANIOL III LLC 750 RUSK AVE NEW BRAUNFELS TX PHONE: (713) 271-7777 PROGRAM TYPE: ICF/IID	78130 FAX: SERVICE TYPE PRIVATELY OWNED
Facility Information: MARIGOLD HOUSE 1639 MARIGOLD NEW BRAUNFELS Phone (830) 620-9604 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County COMAL Facility Information: RAPIDS HOUSE 1220 RAPIDS RD	TX Facility ID:	78130 Fax TITLE 18: TITLE 19: TITLE 18/19: 007232	(830) 629-2373 0 0	ICF/IID: 6	ANIOL III LLC 750 RUSK AVE NEW BRAUNFELS TX PHONE: (713) 271-7777 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information	78130 FAX: SERVICE TYPE PRIVATELY OWNED
Facility Information: MARIGOLD HOUSE 1639 MARIGOLD NEW BRAUNFELS Phone (830) 620-9604 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County COMAL Facility Information: RAPIDS HOUSE 1220 RAPIDS RD NEW BRAUNFELS	TX	78130 Fax TITLE 18: TITLE 19: TITLE 18/19: 007232 78130	(830) 629-2373 0 0 0 Reg Svcs:	ICF/IID: 6	ANIOL III LLC 750 RUSK AVE NEW BRAUNFELS TX PHONE: (713) 271-7777 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information ANIOL III LLC	78130 FAX: SERVICE TYPE PRIVATELY OWNED
Facility Information: MARIGOLD HOUSE 1639 MARIGOLD NEW BRAUNFELS Phone (830) 620-9604 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County COMAL Facility Information: RAPIDS HOUSE 1220 RAPIDS RD NEW BRAUNFELS Phone (830) 620-0759	TX Facility ID:	78130	(830) 629-2373 0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID	ANIOL III LLC 750 RUSK AVE NEW BRAUNFELS TX PHONE: (713) 271-7777 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information ANIOL III LLC 750 RUSK AVE	78130 FAX: SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: MARIGOLD HOUSE 1639 MARIGOLD NEW BRAUNFELS Phone (830) 620-9604 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County COMAL Facility Information: RAPIDS HOUSE 1220 RAPIDS RD NEW BRAUNFELS Phone (830) 620-0759 TOTAL Lic Capacity: 0	TX Facility ID:	78130	(830) 629-2373 0 0 0 Reg Svcs:	ICF/IID: 6	ANIOL III LLC 750 RUSK AVE NEW BRAUNFELS TX PHONE: (713) 271-7777 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information ANIOL III LLC 750 RUSK AVE NEW BRAUNFELS TX PHONE: (713) 271-7777	78130 FAX: SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 78130 FAX:
Facility Information: MARIGOLD HOUSE 1639 MARIGOLD NEW BRAUNFELS Phone (830) 620-9604 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County COMAL Facility Information: RAPIDS HOUSE 1220 RAPIDS RD NEW BRAUNFELS Phone (830) 620-0759 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	78130	(830) 629-2373 0 0 0 Reg Svcs: (830) 629-2373 0	ICF/IID: 6 TEAM ICF-IID	ANIOL III LLC 750 RUSK AVE NEW BRAUNFELS TX PHONE: (713) 271-7777 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information ANIOL III LLC 750 RUSK AVE NEW BRAUNFELS TX PHONE: (713) 271-7777 PROGRAM TYPE: ICF/IID	78130 FAX: SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
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Facility Information: MARIGOLD HOUSE 1639 MARIGOLD NEW BRAUNFELS Phone (830) 620-9604 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County COMAL Facility Information: RAPIDS HOUSE 1220 RAPIDS RD NEW BRAUNFELS Phone (830) 620-0759 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County COMAL	TX Facility ID:	78130	(830) 629-2373 0 0 0 Reg Svcs: (830) 629-2373 0	ICF/IID: 6 TEAM ICF-IID	ANIOL III LLC 750 RUSK AVE NEW BRAUNFELS TX PHONE: (713) 271-7777 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information ANIOL III LLC 750 RUSK AVE NEW BRAUNFELS TX PHONE: (713) 271-7777 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017	78130 FAX: SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 78130 FAX:
Facility Information: MARIGOLD HOUSE 1639 MARIGOLD NEW BRAUNFELS Phone (830) 620-9604 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County COMAL Facility Information: RAPIDS HOUSE 1220 RAPIDS RD NEW BRAUNFELS Phone (830) 620-0759 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County COMAL Facility Information: 0 County COMAL	TX Facility ID:	78130	(830) 629-2373 0 0 0 Reg Svcs: (830) 629-2373 0 0	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	ANIOL III LLC 750 RUSK AVE NEW BRAUNFELS TX PHONE: (713) 271-7777 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information ANIOL III LLC 750 RUSK AVE NEW BRAUNFELS TX PHONE: (713) 271-7777 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information	78130 FAX: SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 78130 FAX: SERVICE TYPE PRIVATELY OWNED
Facility Information: MARIGOLD HOUSE 1639 MARIGOLD NEW BRAUNFELS Phone (830) 620-9604 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County COMAL Facility Information: RAPIDS HOUSE 1220 RAPIDS RD NEW BRAUNFELS Phone (830) 620-0759 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County COMAL Facility Information: RAPIDS HOUSE 1220 RAPIDS RD NEW BRAUNFELS Phone (830) 620-0759 TOTAL Lic Capacity: 0 County COMAL Facility Information: RIVER GARDENS	TX Facility ID:	78130	(830) 629-2373 0 0 0 Reg Svcs: (830) 629-2373 0 0	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	ANIOL III LLC 750 RUSK AVE NEW BRAUNFELS TX PHONE: (713) 271-7777 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information ANIOL III LLC 750 RUSK AVE NEW BRAUNFELS TX PHONE: (713) 271-7777 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information ANIOL III LLC	78130 FAX: SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 78130 FAX: SERVICE TYPE PRIVATELY OWNED
Facility Information: MARIGOLD HOUSE 1639 MARIGOLD NEW BRAUNFELS Phone (830) 620-9604 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County COMAL Facility Information: RAPIDS HOUSE 1220 RAPIDS RD NEW BRAUNFELS Phone (830) 620-0759 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County COMAL Facility Information: 0 County COMAL	TX Facility ID:	78130	(830) 629-2373 0 0 0 Reg Svcs: (830) 629-2373 0 0	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	ANIOL III LLC 750 RUSK AVE NEW BRAUNFELS TX PHONE: (713) 271-7777 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information ANIOL III LLC 750 RUSK AVE NEW BRAUNFELS TX PHONE: (713) 271-7777 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information ANIOL III LLC 750 RUSK AVE	78130 FAX: SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 78130 FAX: SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: MARIGOLD HOUSE 1639 MARIGOLD NEW BRAUNFELS Phone (830) 620-9604 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County COMAL Facility Information: RAPIDS HOUSE 1220 RAPIDS RD NEW BRAUNFELS Phone (830) 620-0759 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County COMAL Facility Information: RIVER GARDENS 750 RUSK AVE	TX Facility ID: TX Facility ID:	78130	(830) 629-2373 0 0 0 Reg Svcs: (830) 629-2373 0 0	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	ANIOL III LLC 750 RUSK AVE NEW BRAUNFELS TX PHONE: (713) 271-7777 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information ANIOL III LLC 750 RUSK AVE NEW BRAUNFELS TX PHONE: (713) 271-7777 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information ANIOL III LLC 750 RUSK AVE NEW BRAUNFELS TX PHONE: (713) 271-7777 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017	78130 FAX: SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 78130 FAX: SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: MARIGOLD HOUSE 1639 MARIGOLD NEW BRAUNFELS Phone (830) 620-9604 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County COMAL Facility Information: RAPIDS HOUSE 1220 RAPIDS RD NEW BRAUNFELS Phone (830) 620-0759 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County COMAL Facility Information: RIVER GARDENS 750 RUSK AVE NEW BRAUNFELS	TX Facility ID: TX Facility ID:	78130	(830) 629-2373 0 0 0 Reg Svcs: (830) 629-2373 0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	ANIOL III LLC 750 RUSK AVE NEW BRAUNFELS TX PHONE: (713) 271-7777 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information ANIOL III LLC 750 RUSK AVE NEW BRAUNFELS TX PHONE: (713) 271-7777 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information ANIOL III LLC 750 RUSK AVE	78130 FAX: SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 78130 FAX: SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: MARIGOLD HOUSE 1639 MARIGOLD NEW BRAUNFELS Phone (830) 620-9604 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County COMAL Facility Information: RAPIDS HOUSE 1220 RAPIDS RD NEW BRAUNFELS Phone (830) 620-0759 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County COMAL Facility Information: RIVER GARDENS 750 RUSK AVE NEW BRAUNFELS Phone (830) 629-4400	TX Facility ID: TX Facility ID:	78130	(830) 629-2373 0 0 0 Reg Svcs: (830) 629-2373 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6 TEAM ICF-IID	ANIOL III LLC 750 RUSK AVE NEW BRAUNFELS TX PHONE: (713) 271-7777 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information ANIOL III LLC 750 RUSK AVE NEW BRAUNFELS TX PHONE: (713) 271-7777 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information ANIOL III LLC 750 RUSK AVE NEW BRAUNFELS TX PHONE: (713) 271-7777 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017	78130 FAX: SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 78130 FAX: SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: MARIGOLD HOUSE 1639 MARIGOLD NEW BRAUNFELS Phone (830) 620-9604 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County COMAL Facility Information: RAPIDS HOUSE 1220 RAPIDS RD NEW BRAUNFELS Phone (830) 620-0759 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County COMAL Facility Information: RIVER GARDENS 750 RUSK AVE NEW BRAUNFELS Phone (830) 629-4400 TOTAL Lic Capacity: 0	TX Facility ID: TX Facility ID:	78130	(830) 629-2373 0 0 0 Reg Svcs: (830) 629-2373 0 0 0 (830) 629-2373 0 0	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6 TEAM ICF-IID	ANIOL III LLC 750 RUSK AVE NEW BRAUNFELS TX PHONE: (713) 271-7777 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information ANIOL III LLC 750 RUSK AVE NEW BRAUNFELS TX PHONE: (713) 271-7777 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information ANIOL III LLC 750 RUSK AVE NEW BRAUNFELS TX PHONE: (713) 271-7777 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017	78130 FAX: SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 78130 FAX: SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 78130 FAX:

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County COMAL Facility Information:	Facility ID:	007241	Reg Svcs:	TEAM ICF-IID	Owner Information	Region 08 - SAN ANTONIO
SPRINGHILL HOUSE	i acinty ID:	001241			ANIOL III LLC	
984 SPRINGHILL DR					750 RUSK AVE	
NEW BRAUNFELS	TX	78130			NEW BRAUNFELS TX	78130
Phone (830) 629-7545		Fax	(830) 629-2373		PHONE: (713) 271-7777	FAX:
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	(-)	
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 09/01/2017	
County COMAL			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	003617			Owner Information	
TIMBERHILL HOUSE					ANIOL III LLC	
1374 TIMBERHILL NEW BRAUNFELS	TX	78130			750 RUSK AVE	
Phone (830) 629-5336		Fax	(830) 629-2373		NEW BRAUNFELS TX	78130
TOTAL Lic Capacity: 0		TITLE 18:	` '	ICF/IID: 6	PHONE: (713) 271-7777	FAX:
Cert Alzh Capacity: 0		TITLE 19:		IOI/IID.	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 09/01/2017	
-						
County DALLAS	Facility ID:	002069	Reg Svcs:	IID TEAM	Ourse Information	Region 03 - ARLINGTON
Facility Information: MOSAIC	Facility ID:	003968			Owner Information MOSAIC	
2100 CEDAR CIR					428 ST ANDREWS DR	
CARROLLTON	TX	75006			ALLEN TX	75002
Phone (972) 418-9989		Fax	(972) 991-0834		PHONE: (469) 675-1561	FAX: (469) 675-1562
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	(11, 1 1 1 1	, ,
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2017	
County DALLAS			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
County DALLAS Facility Information:	Facility ID:	003950	Reg Svcs:	IID TEAM	Owner Information	Region 03 - ARLINGTON
Facility Information: MOSAIC	Facility ID:	003950	Reg Svcs:	IID TEAM	Owner Information MOSAIC	Region 03 - ARLINGTON
Facility Information:	Facility ID:	003950 75006	Reg Svcs:	IID TEAM	MOSAIC 428 ST ANDREWS DR	·
Facility Information: MOSAIC 1515 NORTHLAND	·		Reg Svcs: (972) 991-0834	IID TEAM	MOSAIC	Region 03 - ARLINGTON 75002
Facility Information: MOSAIC 1515 NORTHLAND CARROLLTON Phone (972) 866-9989	·	75006 Fax	(972) 991-0834		MOSAIC 428 ST ANDREWS DR	·
Facility Information: MOSAIC 1515 NORTHLAND CARROLLTON	·	75006	(972) 991-0834 0	IID TEAM ICF/IID: 6	MOSAIC 428 ST ANDREWS DR ALLEN TX	75002
Facility Information: MOSAIC 1515 NORTHLAND CARROLLTON Phone (972) 866-9989 TOTAL Lic Capacity: 0	·	75006 Fax TITLE 18:	(972) 991-0834 0		MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561	75002 FAX: (469) 675-1562
Facility Information: MOSAIC 1515 NORTHLAND CARROLLTON Phone (972) 866-9989 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	75006 Fax TITLE 18: TITLE19:	(972) 991-0834 0 0	ICF/IID: 6	MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED
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Facility Information: MOSAIC 1515 NORTHLAND CARROLLTON Phone (972) 866-9989 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	75006 Fax TITLE 18: TITLE19:	(972) 991-0834 0 0	ICF/IID: 6	MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED
Facility Information: MOSAIC 1515 NORTHLAND CARROLLTON Phone (972) 866-9989 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: MOSAIC 2321 GREENMEADOW	TX Facility ID:	75006	(972) 991-0834 0 0	ICF/IID: 6	MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED
Facility Information: MOSAIC 1515 NORTHLAND CARROLLTON Phone (972) 866-9989 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: MOSAIC 2321 GREENMEADOW CARROLLTON	тх	75006	(972) 991-0834 0 0 0 Reg Svcs:	ICF/IID: 6	MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED
Facility Information: MOSAIC 1515 NORTHLAND CARROLLTON Phone (972) 866-9989 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: MOSAIC 2321 GREENMEADOW CARROLLTON Phone (972) 866-9989	TX Facility ID:	75006	(972) 991-0834 0 0 0 Reg Svcs:	ICF/IID: 6	MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: MOSAIC 1515 NORTHLAND CARROLLTON Phone (972) 866-9989 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: MOSAIC 2321 GREENMEADOW CARROLLTON Phone (972) 866-9989 TOTAL Lic Capacity: 0	TX Facility ID:	75006	(972) 991-0834 0 0 0 Reg Svcs: (972) 991-0834	ICF/IID: 6	MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75002 FAX: (469) 675-1562
Facility Information: MOSAIC 1515 NORTHLAND CARROLLTON Phone (972) 866-9989 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: MOSAIC 2321 GREENMEADOW CARROLLTON Phone (972) 866-9989 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	75006	(972) 991-0834 0 0 0 Reg Svcs: (972) 991-0834 0	ICF/IID: 6	MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: MOSAIC 1515 NORTHLAND CARROLLTON Phone (972) 866-9989 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: MOSAIC 2321 GREENMEADOW CARROLLTON Phone (972) 866-9989 TOTAL Lic Capacity: 0	TX Facility ID:	75006	(972) 991-0834 0 0 0 Reg Svcs: (972) 991-0834 0	ICF/IID: 6	MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75002 FAX: (469) 675-1562
Facility Information: MOSAIC 1515 NORTHLAND CARROLLTON Phone (972) 866-9989 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: MOSAIC 2321 GREENMEADOW CARROLLTON Phone (972) 866-9989 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS	TX Facility ID:	75006	(972) 991-0834 0 0 0 Reg Svcs: (972) 991-0834 0	ICF/IID: 6	MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75002 FAX: (469) 675-1562
Facility Information: MOSAIC 1515 NORTHLAND CARROLLTON Phone (972) 866-9989 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: MOSAIC 2321 GREENMEADOW CARROLLTON Phone (972) 866-9989 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS TOTAL Lic Capacity: 0 County DALLAS Facility Information:	TX Facility ID:	75006	(972) 991-0834 0 0 0 Reg Svcs: (972) 991-0834 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED
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Facility Information: MOSAIC 1515 NORTHLAND CARROLLTON Phone (972) 866-9989 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: MOSAIC 2321 GREENMEADOW CARROLLTON Phone (972) 866-9989 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS TOTAL Lic Capacity: 0 County DALLAS Facility Information:	TX Facility ID:	75006	(972) 991-0834 0 0 0 Reg Svcs: (972) 991-0834 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information AUTISTIC TREATMENT CENTER INC 10503 METRIC DR	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: MOSAIC 1515 NORTHLAND CARROLLTON Phone (972) 866-9989 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: MOSAIC 2321 GREENMEADOW CARROLLTON Phone (972) 866-9989 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: 10 CARROLLTON CARROLLTON CARROLLTON CARROLLTON Phone (972) 866-9989 TOTAL Lic Capacity: 0 County DALLAS Facility Information: 14 FERRIS CREEK 9814 FERRIS CREEK	TX Facility ID: TX Facility ID:	75006	(972) 991-0834 0 0 0 Reg Svcs: (972) 991-0834 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information AUTISTIC TREATMENT CENTER INC 10503 METRIC DR DALLAS TX	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: MOSAIC 1515 NORTHLAND CARROLLTON Phone (972) 866-9989 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: MOSAIC 2321 GREENMEADOW CARROLLTON Phone (972) 866-9989 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: 14 FERRIS CREEK 9814 FERRIS CREEK DALLAS	TX Facility ID: TX Facility ID:	75006	(972) 991-0834 0 0 0 Reg Svcs: (972) 991-0834 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information AUTISTIC TREATMENT CENTER INC 10503 METRIC DR	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: MOSAIC 1515 NORTHLAND CARROLLTON Phone (972) 866-9989 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: MOSAIC 2321 GREENMEADOW CARROLLTON Phone (972) 866-9989 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: 14 FERRIS CREEK 9814 FERRIS CREEK DALLAS Phone (972) 644-7521	TX Facility ID: TX Facility ID:	75006	(972) 991-0834 0 0 0 Reg Svcs: (972) 991-0834 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information AUTISTIC TREATMENT CENTER INC 10503 METRIC DR DALLAS TX	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: MOSAIC 1515 NORTHLAND CARROLLTON Phone (972) 866-9989 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: MOSAIC 2321 GREENMEADOW CARROLLTON Phone (972) 866-9989 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: 14 FERRIS CREEK 9814 FERRIS CREEK 9814 FERRIS CREEK DALLAS Phone (972) 644-7521 TOTAL Lic Capacity: 0	TX Facility ID: TX Facility ID:	75006	(972) 991-0834 0 0 0 Reg Svcs: (972) 991-0834 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information AUTISTIC TREATMENT CENTER INC 10503 METRIC DR DALLAS TX PHONE: (972) 644-2076	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75243 FAX: (972) 644-5650

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County DALLAS			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	100939			Owner Information	•
23 FERRIS CREEK	•				AUTISTIC TREATMENT CENTER INC	
12323 FERRIS CREEK					10503 METRIC DR	
DALLAS	TX	75243	(070) 044 5050		DALLAS TX	75243
Phone (972) 644-2079		Fax	(972) 644-5650		PHONE : (972) 644-2076	FAX : (972) 644-5650
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:				SERVICE TIPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 07/01/2018	
County DALLAS			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	010175			Owner Information	
27 FERRIS CREEK					AUTISTIC TREATMENT CENTER INC	
12327 FERRIS CREEK DALLAS	TX	75243			10503 METRIC DR	
Phone (972) 644-1064		Fax	(972) 644-5650		DALLAS TX	75243
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (972) 644-2076	FAX: (972) 644-5650
Cert Alzh Capacity: 0		TITLE19:		TOTAL O	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 07/23/2017	
County DALLAS	Feetile ID	100000	Reg Svcs:	IID TEAM	Ourmon Information	Region 03 - ARLINGTON
Facility Information: ABILITY CONNECTION TEXA	Facility ID:	100362			Owner Information	
3108 JUBILEE TR	O JUBILEE HC	JUSE			ABILITY CONNECTION TEXAS	
DALLAS	TX	75229			8802 HARRY HINES BLVD	75025 4746
Phone (214) 350-0282		Fax	(214) 247-4505		DALLAS TX	75235-1716
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (214) 247-4505	FAX : (214) 279-5378
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 12/01/2016	
-						
County DALLAS			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
County DALLAS Facility Information:	Facility ID:	007321	Reg Svcs:	IID TEAM	Owner Information	Region 03 - ARLINGTON
•	Facility ID:	007321	Reg Svcs:	IID TEAM	Owner Information COMMUNITY ACCESS INC	Region 03 - ARLINGTON
Facility Information: BRADDOCK HOUSE 6520 BRADDOCK PL	-		Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information: BRADDOCK HOUSE 6520 BRADDOCK PL DALLAS	Facility ID:	75232		IID TEAM	COMMUNITY ACCESS INC	Region 03 - ARLINGTON 75703
Facility Information: BRADDOCK HOUSE 6520 BRADDOCK PL DALLAS Phone (214) 339-1914	-	75232 Fax	(903) 454-3363		COMMUNITY ACCESS INC 2040 SHILOH RD	v
Facility Information: BRADDOCK HOUSE 6520 BRADDOCK PL DALLAS Phone (214) 339-1914 TOTAL Lic Capacity: 0	-	75232 Fax TITLE 18:	(903) 454-3363 0	IID TEAM ICF/IID: 6	COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX PHONE: (903) 579-8527	75703 FAX: (903) 526-0881
Facility Information: BRADDOCK HOUSE 6520 BRADDOCK PL DALLAS Phone (214) 339-1914 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	-	75232 Fax TITLE 18: TITLE19:	(903) 454-3363 0 0		COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX PHONE: (903) 579-8527 PROGRAM TYPE: ICF/IID	75703
Facility Information: BRADDOCK HOUSE 6520 BRADDOCK PL DALLAS Phone (214) 339-1914 TOTAL Lic Capacity: 0	-	75232 Fax TITLE 18:	(903) 454-3363 0 0		COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX PHONE: (903) 579-8527	75703 FAX: (903) 526-0881
Facility Information: BRADDOCK HOUSE 6520 BRADDOCK PL DALLAS Phone (214) 339-1914 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	-	75232 Fax TITLE 18: TITLE19:	(903) 454-3363 0 0		COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX PHONE: (903) 579-8527 PROGRAM TYPE: ICF/IID	75703 FAX: (903) 526-0881
Facility Information: BRADDOCK HOUSE 6520 BRADDOCK PL DALLAS Phone (214) 339-1914 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information:	TX Facility ID:	75232 Fax TITLE 18: TITLE 19: TITLE 18/19:	(903) 454-3363 0 0	ICF/IID: 6	COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX PHONE: (903) 579-8527 PROGRAM TYPE: ICF/IID	75703 FAX: (903) 526-0881 SERVICE TYPE PRIVATELY OWNED
Facility Information: BRADDOCK HOUSE 6520 BRADDOCK PL DALLAS Phone (214) 339-1914 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVIN	TX Facility ID:	75232 Fax TITLE 18: TITLE19: TITLE 18/19:	(903) 454-3363 0 0	ICF/IID: 6	COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX PHONE: (903) 579-8527 PROGRAM TYPE: ICF/IID License Exp Dt: 06/01/2017	75703 FAX: (903) 526-0881 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: BRADDOCK HOUSE 6520 BRADDOCK PL DALLAS Phone (214) 339-1914 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVING 5922 LEWISBURG	TX Facility ID:	75232 Fax TITLE 18: TITLE19: TITLE 18/19: 003756 TION - TEXAS	(903) 454-3363 0 0	ICF/IID: 6	COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX PHONE: (903) 579-8527 PROGRAM TYPE: ICF/IID License Exp Dt: 06/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORATION RD	75703 FAX: (903) 526-0881 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON PRATION - TEXAS
Facility Information: BRADDOCK HOUSE 6520 BRADDOCK PL DALLAS Phone (214) 339-1914 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVIN	TX Facility ID: NG CORPORA	75232 Fax TITLE 18: TITLE19: TITLE 18/19:	(903) 454-3363 0 0	ICF/IID: 6	COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX PHONE: (903) 579-8527 PROGRAM TYPE: ICF/IID License Exp Dt: 06/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORATION RD LOUISVILLE KY	75703 FAX: (903) 526-0881 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON PRATION - TEXAS 40223
Facility Information: BRADDOCK HOUSE 6520 BRADDOCK PL DALLAS Phone (214) 339-1914 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVING 5922 LEWISBURG DALLAS	TX Facility ID: NG CORPORA	75232	(903) 454-3363 0 0 0 Reg Svcs:	ICF/IID: 6	COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX PHONE: (903) 579-8527 PROGRAM TYPE: ICF/IID License Exp Dt: 06/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORATION RD	75703 FAX: (903) 526-0881 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON PRATION - TEXAS
Facility Information: BRADDOCK HOUSE 6520 BRADDOCK PL DALLAS Phone (214) 339-1914 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVING 5922 LEWISBURG DALLAS Phone (972) 283-9057	TX Facility ID: NG CORPORA	75232	(903) 454-3363 0 0 0 Reg Svcs:	ICF/IID: 6	COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX PHONE: (903) 579-8527 PROGRAM TYPE: ICF/IID License Exp Dt: 06/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORATION RD LOUISVILLE KY	75703 FAX: (903) 526-0881 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON PRATION - TEXAS 40223
Facility Information: BRADDOCK HOUSE 6520 BRADDOCK PL DALLAS Phone (214) 339-1914 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVIN 5922 LEWISBURG DALLAS Phone (972) 283-9057 TOTAL Lic Capacity: 0	TX Facility ID: NG CORPORA	75232	(903) 454-3363 0 0 0 Reg Svcs: (972) 929-1145 0	ICF/IID: 6	COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX PHONE: (903) 579-8527 PROGRAM TYPE: ICF/IID License Exp Dt: 06/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100	75703 FAX: (903) 526-0881 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON PRATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: BRADDOCK HOUSE 6520 BRADDOCK PL DALLAS Phone (214) 339-1914 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVIN 5922 LEWISBURG DALLAS Phone (972) 283-9057 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID: NG CORPORA	75232 Fax TITLE 18: TITLE 18/19: 003756 TION - TEXAS 75237 Fax TITLE 18: TITLE 19:	(903) 454-3363 0 0 0 Reg Svcs: (972) 929-1145 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX PHONE: (903) 579-8527 PROGRAM TYPE: ICF/IID License Exp Dt: 06/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	75703 FAX: (903) 526-0881 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
Facility Information: BRADDOCK HOUSE 6520 BRADDOCK PL DALLAS Phone (214) 339-1914 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVIN 5922 LEWISBURG DALLAS Phone (972) 283-9057 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID: NG CORPORA TX	75232 Fax TITLE 18: TITLE 18/19: 003756 TION - TEXAS 75237 Fax TITLE 18: TITLE 19:	(903) 454-3363 0 0 0 Reg Svcs: (972) 929-1145 0	ICF/IID: 6	COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX PHONE: (903) 579-8527 PROGRAM TYPE: ICF/IID License Exp Dt: 06/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018	75703 FAX: (903) 526-0881 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON PRATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: BRADDOCK HOUSE 6520 BRADDOCK PL DALLAS Phone (214) 339-1914 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVIN 5922 LEWISBURG DALLAS Phone (972) 283-9057 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	Facility ID: TX TX Facility ID:	75232	(903) 454-3363 0 0 0 Reg Svcs: (972) 929-1145 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX PHONE: (903) 579-8527 PROGRAM TYPE: ICF/IID License Exp Dt: 06/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	75703 FAX: (903) 526-0881 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: BRADDOCK HOUSE 6520 BRADDOCK PL DALLAS Phone (214) 339-1914 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVIN 5922 LEWISBURG DALLAS Phone (972) 283-9057 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information:	Facility ID: TX TX Facility ID:	75232	(903) 454-3363 0 0 0 Reg Svcs: (972) 929-1145 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX PHONE: (903) 579-8527 PROGRAM TYPE: ICF/IID License Exp Dt: 06/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO	75703 FAX: (903) 526-0881 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: BRADDOCK HOUSE 6520 BRADDOCK PL DALLAS Phone (214) 339-1914 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVIN 5922 LEWISBURG DALLAS Phone (972) 283-9057 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVIN 3111 LEHARVE DALLAS	Facility ID: TX TX Facility ID:	75232	(903) 454-3363 0 0 0 Reg Svcs: (972) 929-1145 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX PHONE: (903) 579-8527 PROGRAM TYPE: ICF/IID License Exp Dt: 06/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information	75703 FAX: (903) 526-0881 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: BRADDOCK HOUSE 6520 BRADDOCK PL DALLAS Phone (214) 339-1914 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVIN 5922 LEWISBURG DALLAS Phone (972) 283-9057 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVIN 10 COUNTY DALLAS Facility Information: EDUCARE COMMUNITY LIVIN 3111 LEHARVE	Facility ID: TX Facility ID: Facility ID: NG CORPORA	75232	(903) 454-3363 0 0 0 Reg Svcs: (972) 929-1145 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX PHONE: (903) 579-8527 PROGRAM TYPE: ICF/IID License Exp Dt: 06/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY	75703 FAX: (903) 526-0881 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON PRATION - TEXAS 40223
Facility Information: BRADDOCK HOUSE 6520 BRADDOCK PL DALLAS Phone (214) 339-1914 TOTAL Lic Capacity: 0	Facility ID: TX Facility ID: Facility ID: NG CORPORA	75232	(903) 454-3363 0 0 0 Reg Svcs: (972) 929-1145 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX PHONE: (903) 579-8527 PROGRAM TYPE: ICF/IID License Exp Dt: 06/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100	75703 FAX: (903) 526-0881 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ORATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED ORATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: BRADDOCK HOUSE 6520 BRADDOCK PL DALLAS Phone (214) 339-1914 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVIN 5922 LEWISBURG DALLAS Phone (972) 283-9057 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVIN 3111 LEHARVE DALLAS Phone (214) 467-9462	Facility ID: TX Facility ID: Facility ID: NG CORPORA	75232	(903) 454-3363 0 0 0 Reg Svcs: (972) 929-1145 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX PHONE: (903) 579-8527 PROGRAM TYPE: ICF/IID License Exp Dt: 06/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY	75703 FAX: (903) 526-0881 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON PRATION - TEXAS 40223

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County DALLAS			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	003835			Owner Information	
EDUCARE COMMUNITY LIVII	NG CORPORA	TION - TEXAS			EDUCARE COMMUNITY LIVING CORPO	PRATION - TEXAS
14255 HAYMEADOW DRIVE DALLAS	TX	75240			9901 LINN STATION RD	
Phone (972) 239-6643		Fax	(972) 239-7421		LOUISVILLE KY	40223
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (502) 394-2100	FAX: (502) 394-2285
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 04/01/2018	
County DALLAS			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	003796	·		Owner Information	•
EDUCARE COMMUNITY LIVII	NG CORPORA	TION - TEXAS			EDUCARE COMMUNITY LIVING CORPO	PRATION - TEXAS
14163 HAYMEADOW DR DALLAS	TX	75240			9901 LINN STATION RD	
Phone (972) 386-0402	17	Fax	(972) 239-7420		LOUISVILLE KY	40223
TOTAL Lic Capacity: 0		TITLE 18:	, ,	ICF/IID: 6	PHONE : (502) 394-2100	FAX: (502) 394-2285
Cert Alzh Capacity: 0		TITLE 18:		IOFAID. 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 04/01/2018	
		10/10:				
County DALLAS	Engility ID:	002702	Reg Svcs:	IID TEAM	Owner Information	Region 03 - ARLINGTON
Facility Information: HENRY HOUSE	Facility ID:	003783			Owner Information MONARCH HOLDING INC	
7153 PINEBERRY					812 LIVE OAK	
DALLAS	TX	75249			DE SOTO TX	75115
Phone (972) 780-9388		Fax	(972) 224-0904		PHONE: (972) 780-9388	FAX : (972) 224-0904
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 10	,	,
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 09/01/2017	
County DALLAS			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
County DALLAS Facility Information:	Facility ID:	104764	Reg Svcs:	IID TEAM	Owner Information	Region 03 - ARLINGTON
Facility Information: ST NICHOLAS OPERATIONS	-	104764	Reg Svcs:	IID TEAM	Owner Information ST NICHOLAS OPERATIONS LLC	Region 03 - ARLINGTON
Facility Information:	-	104764 75244	Reg Svcs:	IID TEAM	ST NICHOLAS OPERATIONS LLC 4612 HEATHERBROOK DR	·
Facility Information: ST NICHOLAS OPERATIONS 4612 HEATHERBROOK DR	LLC		Reg Svcs: (214) 723-5331	IID TEAM	ST NICHOLAS OPERATIONS LLC	Region 03 - ARLINGTON 75244
Facility Information: ST NICHOLAS OPERATIONS 4612 HEATHERBROOK DR DALLAS Phone (792) 239-0121	LLC	75244	(214) 723-5331	IID TEAM ICF/IID: 6	ST NICHOLAS OPERATIONS LLC 4612 HEATHERBROOK DR	·
Facility Information: ST NICHOLAS OPERATIONS 4612 HEATHERBROOK DR DALLAS	LLC	75244 Fax	(214) 723-5331 0		ST NICHOLAS OPERATIONS LLC 4612 HEATHERBROOK DR DALLAS TX	75244
Facility Information: ST NICHOLAS OPERATIONS 4612 HEATHERBROOK DR DALLAS Phone (792) 239-0121 TOTAL Lic Capacity: 0	LLC	75244 Fax TITLE 18:	(214) 723-5331 0		ST NICHOLAS OPERATIONS LLC 4612 HEATHERBROOK DR DALLAS TX PHONE: (972) 233-4366	75244 FAX: (214) 922-4144
Facility Information: ST NICHOLAS OPERATIONS 4612 HEATHERBROOK DR DALLAS Phone (792) 239-0121 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	LLC	75244 Fax TITLE 18: TITLE19:	(214) 723-5331 0 0		ST NICHOLAS OPERATIONS LLC 4612 HEATHERBROOK DR DALLAS TX PHONE: (972) 233-4366 PROGRAM TYPE: ICF/IID	75244 FAX: (214) 922-4144 SERVICE TYPE PRIVATELY OWNED
Facility Information: ST NICHOLAS OPERATIONS 4612 HEATHERBROOK DR DALLAS Phone (792) 239-0121 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	LLC	75244 Fax TITLE 18: TITLE19:	(214) 723-5331 0 0	ICF/IID: 6	ST NICHOLAS OPERATIONS LLC 4612 HEATHERBROOK DR DALLAS TX PHONE: (972) 233-4366 PROGRAM TYPE: ICF/IID	75244 FAX: (214) 922-4144
Facility Information: ST NICHOLAS OPERATIONS 4612 HEATHERBROOK DR DALLAS Phone (792) 239-0121 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: DEVONSHIRE HOME	TX	75244 Fax TITLE 18: TITLE19: TITLE 18/19:	(214) 723-5331 0 0	ICF/IID: 6	ST NICHOLAS OPERATIONS LLC 4612 HEATHERBROOK DR DALLAS TX PHONE: (972) 233-4366 PROGRAM TYPE: ICF/IID License Exp Dt: 02/22/2018	75244 FAX: (214) 922-4144 SERVICE TYPE PRIVATELY OWNED
Facility Information: ST NICHOLAS OPERATIONS 4612 HEATHERBROOK DR DALLAS Phone (792) 239-0121 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: DEVONSHIRE HOME 1225 DEVONSHIRE	TX Facility ID:	75244 Fax TITLE 18: TITLE19: TITLE 18/19:	(214) 723-5331 0 0	ICF/IID: 6	ST NICHOLAS OPERATIONS LLC 4612 HEATHERBROOK DR DALLAS TX PHONE: (972) 233-4366 PROGRAM TYPE: ICF/IID License Exp Dt: 02/22/2018 Owner Information	75244 FAX: (214) 922-4144 SERVICE TYPE PRIVATELY OWNED
Facility Information: ST NICHOLAS OPERATIONS 4612 HEATHERBROOK DR DALLAS Phone (792) 239-0121 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: DEVONSHIRE HOME 1225 DEVONSHIRE DESOTO	TX	75244	(214) 723-5331 0 0 0 Reg Svcs:	ICF/IID: 6	ST NICHOLAS OPERATIONS LLC 4612 HEATHERBROOK DR DALLAS TX PHONE: (972) 233-4366 PROGRAM TYPE: ICF/IID License Exp Dt: 02/22/2018 Owner Information DAYBREAK INC	75244 FAX: (214) 922-4144 SERVICE TYPE PRIVATELY OWNED
Facility Information: ST NICHOLAS OPERATIONS 4612 HEATHERBROOK DR DALLAS Phone (792) 239-0121 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: DEVONSHIRE HOME 1225 DEVONSHIRE DESOTO Phone (817) 447-2700	TX Facility ID:	75244	(214) 723-5331 0 0 0 Reg Svcs:	ICF/IID: 6	ST NICHOLAS OPERATIONS LLC 4612 HEATHERBROOK DR DALLAS TX PHONE: (972) 233-4366 PROGRAM TYPE: ICF/IID License Exp Dt: 02/22/2018 Owner Information DAYBREAK INC 517 MEADOW HILL	75244 FAX: (214) 922-4144 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: ST NICHOLAS OPERATIONS 4612 HEATHERBROOK DR DALLAS Phone (792) 239-0121 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: DEVONSHIRE HOME 1225 DEVONSHIRE DESOTO Phone (817) 447-2700 TOTAL Lic Capacity: 0	TX Facility ID:	75244 Fax TITLE 18: TITLE 19: TITLE 18/19: 104131 75115 Fax TITLE 18:	(214) 723-5331 0 0 0 Reg Svcs:	ICF/IID: 6	ST NICHOLAS OPERATIONS LLC 4612 HEATHERBROOK DR DALLAS TX PHONE: (972) 233-4366 PROGRAM TYPE: ICF/IID License Exp Dt: 02/22/2018 Owner Information DAYBREAK INC 517 MEADOW HILL DESOTO TX	75244 FAX: (214) 922-4144 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75115
Facility Information: ST NICHOLAS OPERATIONS 4612 HEATHERBROOK DR DALLAS Phone (792) 239-0121 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: DEVONSHIRE HOME 1225 DEVONSHIRE DESOTO Phone (817) 447-2700	TX Facility ID:	75244	(214) 723-5331 0 0 0 Reg Svcs: (817) 447-3323 0 0	ICF/IID: 6	ST NICHOLAS OPERATIONS LLC 4612 HEATHERBROOK DR DALLAS TX PHONE: (972) 233-4366 PROGRAM TYPE: ICF/IID License Exp Dt: 02/22/2018 Owner Information DAYBREAK INC 517 MEADOW HILL DESOTO TX PHONE: (817) 447-2700	75244 FAX: (214) 922-4144 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75115 FAX: (972) 224-0904
Facility Information: ST NICHOLAS OPERATIONS 4612 HEATHERBROOK DR DALLAS Phone (792) 239-0121 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: DEVONSHIRE HOME 1225 DEVONSHIRE DESOTO Phone (817) 447-2700 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	75244	(214) 723-5331 0 0 0 Reg Svcs: (817) 447-3323 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	ST NICHOLAS OPERATIONS LLC 4612 HEATHERBROOK DR DALLAS TX PHONE: (972) 233-4366 PROGRAM TYPE: ICF/IID License Exp Dt: 02/22/2018 Owner Information DAYBREAK INC 517 MEADOW HILL DESOTO TX PHONE: (817) 447-2700 PROGRAM TYPE: ICF/IID	75244 FAX: (214) 922-4144 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75115 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED
Facility Information: ST NICHOLAS OPERATIONS 4612 HEATHERBROOK DR DALLAS Phone (792) 239-0121 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: DEVONSHIRE HOME 1225 DEVONSHIRE DESOTO Phone (817) 447-2700 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS	TX Facility ID: TX	75244 Fax TITLE 18: TITLE 18/19: 104131 75115 Fax TITLE 18: TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	(214) 723-5331 0 0 0 Reg Svcs: (817) 447-3323 0 0	ICF/IID: 6	ST NICHOLAS OPERATIONS LLC 4612 HEATHERBROOK DR DALLAS TX PHONE: (972) 233-4366 PROGRAM TYPE: ICF/IID License Exp Dt: 02/22/2018 Owner Information DAYBREAK INC 517 MEADOW HILL DESOTO TX PHONE: (817) 447-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017	75244 FAX: (214) 922-4144 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75115 FAX: (972) 224-0904
Facility Information: ST NICHOLAS OPERATIONS 4612 HEATHERBROOK DR DALLAS Phone (792) 239-0121 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: DEVONSHIRE HOME 1225 DEVONSHIRE DESOTO Phone (817) 447-2700 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information:	TX Facility ID:	75244	(214) 723-5331 0 0 0 Reg Svcs: (817) 447-3323 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	ST NICHOLAS OPERATIONS LLC 4612 HEATHERBROOK DR DALLAS TX PHONE: (972) 233-4366 PROGRAM TYPE: ICF/IID License Exp Dt: 02/22/2018 Owner Information DAYBREAK INC 517 MEADOW HILL DESOTO TX PHONE: (817) 447-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information	75244 FAX: (214) 922-4144 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75115 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED
Facility Information: ST NICHOLAS OPERATIONS 4612 HEATHERBROOK DR DALLAS Phone (792) 239-0121 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: DEVONSHIRE HOME 1225 DEVONSHIRE DESOTO Phone (817) 447-2700 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS	TX Facility ID: TX	75244 Fax TITLE 18: TITLE 18/19: 104131 75115 Fax TITLE 18: TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	(214) 723-5331 0 0 0 Reg Svcs: (817) 447-3323 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	ST NICHOLAS OPERATIONS LLC 4612 HEATHERBROOK DR DALLAS TX PHONE: (972) 233-4366 PROGRAM TYPE: ICF/IID License Exp Dt: 02/22/2018 Owner Information DAYBREAK INC 517 MEADOW HILL DESOTO TX PHONE: (817) 447-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information MONARCH HOLDING INC	75244 FAX: (214) 922-4144 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75115 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED
Facility Information: ST NICHOLAS OPERATIONS 4612 HEATHERBROOK DR DALLAS Phone (792) 239-0121 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: DEVONSHIRE HOME 1225 DEVONSHIRE DESOTO Phone (817) 447-2700 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: LIVE OAK 812 LIVE OAK DESOTO	TX Facility ID: TX	75244	(214) 723-5331 0 0 0 Reg Svcs: (817) 447-3323 0 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	ST NICHOLAS OPERATIONS LLC 4612 HEATHERBROOK DR DALLAS TX PHONE: (972) 233-4366 PROGRAM TYPE: ICF/IID License Exp Dt: 02/22/2018 Owner Information DAYBREAK INC 517 MEADOW HILL DESOTO TX PHONE: (817) 447-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information	75244 FAX: (214) 922-4144 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75115 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED
Facility Information: ST NICHOLAS OPERATIONS 4612 HEATHERBROOK DR DALLAS Phone (792) 239-0121 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: DEVONSHIRE HOME 1225 DEVONSHIRE DESOTO Phone (817) 447-2700 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: 0 County DALLAS Facility Information: 1 County DALLAS Facility Information: 1 County DALLAS Facility Information: 1 LIVE OAK 812 LIVE OAK	TX Facility ID: TX Facility ID:	75244	(214) 723-5331 0 0 0 Reg Svcs: (817) 447-3323 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	ST NICHOLAS OPERATIONS LLC 4612 HEATHERBROOK DR DALLAS TX PHONE: (972) 233-4366 PROGRAM TYPE: ICF/IID License Exp Dt: 02/22/2018 Owner Information DAYBREAK INC 517 MEADOW HILL DESOTO TX PHONE: (817) 447-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information MONARCH HOLDING INC 812 LIVE OAK DE SOTO TX	75244 FAX: (214) 922-4144 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75115 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: ST NICHOLAS OPERATIONS 4612 HEATHERBROOK DR DALLAS Phone (792) 239-0121 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: DEVONSHIRE HOME 1225 DEVONSHIRE DESOTO Phone (817) 447-2700 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: LIVE OAK 812 LIVE OAK DESOTO Phone (972) 224-8530 TOTAL Lic Capacity: 0	TX Facility ID: TX Facility ID:	75244	(214) 723-5331 0 0 0 Reg Svcs: (817) 447-3323 0 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	ST NICHOLAS OPERATIONS LLC 4612 HEATHERBROOK DR DALLAS TX PHONE: (972) 233-4366 PROGRAM TYPE: ICF/IID License Exp Dt: 02/22/2018 Owner Information DAYBREAK INC 517 MEADOW HILL DESOTO TX PHONE: (817) 447-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information MONARCH HOLDING INC 812 LIVE OAK DE SOTO TX PHONE: (972) 780-9388	75244 FAX: (214) 922-4144 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75115 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75115 FAX: (972) 224-0904
Facility Information: ST NICHOLAS OPERATIONS 4612 HEATHERBROOK DR DALLAS Phone (792) 239-0121 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: DEVONSHIRE HOME 1225 DEVONSHIRE DESOTO Phone (817) 447-2700 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: LIVE OAK 812 LIVE OAK DESOTO Phone (972) 224-8530	TX Facility ID: TX Facility ID:	75244	(214) 723-5331 0 0 0 Reg Svcs: (817) 447-3323 0 0 0 0 Reg Svcs: (972) 224-0904 0	ICF/IID: 6 IID TEAM ICF/IID: 6	ST NICHOLAS OPERATIONS LLC 4612 HEATHERBROOK DR DALLAS TX PHONE: (972) 233-4366 PROGRAM TYPE: ICF/IID License Exp Dt: 02/22/2018 Owner Information DAYBREAK INC 517 MEADOW HILL DESOTO TX PHONE: (817) 447-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information MONARCH HOLDING INC 812 LIVE OAK DE SOTO TX	75244 FAX: (214) 922-4144 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75115 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON

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County DALLAS	F ''' ID	40.4400	Reg Svcs:	IID TEAM	0 17 "	Region 03 - ARLINGTON
Facility Information:	Facility ID:	104122			Owner Information DAYBREAK INC	
MEADOW HILL HOME 517 MEADOW HILL						
DESOTO	TX	75115			517 MEADOW HILL DESOTO TX	75115
Phone (817) 477-2700		Fax	(972) 224-0904			75115
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (817) 447-2700	FAX : (972) 224-0904
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 09/01/2017	
County DALLAS			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	007651			Owner Information	00 / 11 Lance 1 0 1 0 1
PRAIRIE CREEK	-				DAYBREAK INC	
920 PRAIRIE CREEK DR					517 MEADOW HILL	
DESOTO (070) 000 4400	TX	75115 -	(070) 004 0004		DESOTO TX	75115
Phone (972) 223-1463		Fax	(972) 224-0904		PHONE : (817) 447-2700	FAX : (972) 224-0904
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:				SERVICE TIPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 09/01/2017	
County DALLAS			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	007652			Owner Information	
TATE					DAYBREAK INC	
525 TATE DR DESOTO	TX	75115			517 MEADOW HILL	
Phone (972) 223-6259		Fax	(972) 224-0904		DESOTO TX	75115
TOTAL Lic Capacity: 0		TITLE 18:	, ,	ICF/IID: 6	PHONE: (817) 447-2700	FAX: (972) 224-0904
Cert Alzh Capacity: 0		TITLE 19:		ICI/IID. 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 09/01/2017	
		11122 10/101	•		Electrice Exp Bti 00/01/2011	
County DALLAS			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	003890	Reg Svcs:	IID TEAM	Owner Information	Region 03 - ARLINGTON
Facility Information: VALLEY GLEN	Facility ID:	003890	Reg Svcs:	IID TEAM	GREENBREAK INC	Region 03 - ARLINGTON
Facility Information:	Facility ID:	003890 75115	Reg Svcs:	IID TEAM	GREENBREAK INC 234 BARRY LANE	·
Facility Information: VALLEY GLEN 219 VALLEY GLEN	·		Reg Svcs: (972) 224-0904	IID TEAM	GREENBREAK INC 234 BARRY LANE LANCASTER TX	75146
Facility Information: VALLEY GLEN 219 VALLEY GLEN DESOTO	·	75115	(972) 224-0904	IID TEAM ICF/IID: 6	GREENBREAK INC 234 BARRY LANE	·
Facility Information: VALLEY GLEN 219 VALLEY GLEN DESOTO Phone (972) 230-4643	·	75115 Fax	(972) 224-0904 0		GREENBREAK INC 234 BARRY LANE LANCASTER TX	75146
Facility Information: VALLEY GLEN 219 VALLEY GLEN DESOTO Phone (972) 230-4643 TOTAL Lic Capacity: 0	·	75115 Fax TITLE 18:	(972) 224-0904 0		GREENBREAK INC 234 BARRY LANE LANCASTER TX PHONE: (972) 227-5900	75146 FAX: (972) 224-0904
Facility Information: VALLEY GLEN 219 VALLEY GLEN DESOTO Phone (972) 230-4643 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	75115 Fax TITLE 18: TITLE19:	(972) 224-0904 0 0	ICF/IID: 6	GREENBREAK INC 234 BARRY LANE LANCASTER TX PHONE: (972) 227-5900 PROGRAM TYPE: ICF/IID	75146 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED
Facility Information: VALLEY GLEN 219 VALLEY GLEN DESOTO Phone (972) 230-4643 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	75115 Fax TITLE 18: TITLE19:	(972) 224-0904 0		GREENBREAK INC 234 BARRY LANE LANCASTER TX PHONE: (972) 227-5900 PROGRAM TYPE: ICF/IID	75146 FAX: (972) 224-0904
Facility Information: VALLEY GLEN 219 VALLEY GLEN DESOTO Phone (972) 230-4643 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS	TX Facility ID:	75115	(972) 224-0904 0 0	ICF/IID: 6	GREENBREAK INC 234 BARRY LANE LANCASTER TX PHONE: (972) 227-5900 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017	75146 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: VALLEY GLEN 219 VALLEY GLEN DESOTO Phone (972) 230-4643 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVIN 402 W VINYARD	TX Facility ID: NG CORPORA	75115 Fax TITLE 18: TITLE19: TITLE 18/19: 003846 TION - TEXAS	(972) 224-0904 0 0	ICF/IID: 6	GREENBREAK INC 234 BARRY LANE LANCASTER TX PHONE: (972) 227-5900 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information	75146 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: VALLEY GLEN 219 VALLEY GLEN DESOTO Phone (972) 230-4643 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVIN 402 W VINYARD DUNCANVILLE	TX Facility ID:	75115	(972) 224-0904 0 0 0 Reg Svcs:	ICF/IID: 6	GREENBREAK INC 234 BARRY LANE LANCASTER TX PHONE: (972) 227-5900 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO	75146 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: VALLEY GLEN 219 VALLEY GLEN DESOTO Phone (972) 230-4643 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVIN 402 W VINYARD DUNCANVILLE Phone (972) 296-7278	TX Facility ID: NG CORPORA	75115	(972) 224-0904 0 0 0 Reg Svcs:	ICF/IID: 6	GREENBREAK INC 234 BARRY LANE LANCASTER TX PHONE: (972) 227-5900 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY	75146 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON DRATION - TEXAS 40223
Facility Information: VALLEY GLEN 219 VALLEY GLEN DESOTO Phone (972) 230-4643 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVIN 402 W VINYARD DUNCANVILLE Phone (972) 296-7278 TOTAL Lic Capacity: 0	TX Facility ID: NG CORPORA	75115	(972) 224-0904 0 0 0 Reg Svcs: (972) 286-9057	ICF/IID: 6	GREENBREAK INC 234 BARRY LANE LANCASTER TX PHONE: (972) 227-5900 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100	75146 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON DRATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: VALLEY GLEN 219 VALLEY GLEN DESOTO Phone (972) 230-4643 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVIN 402 W VINYARD DUNCANVILLE Phone (972) 296-7278 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID: NG CORPORA	75115	(972) 224-0904 0 0 0 Reg Svcs: (972) 286-9057 0	ICF/IID: 6	GREENBREAK INC 234 BARRY LANE LANCASTER TX PHONE: (972) 227-5900 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	75146 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON DRATION - TEXAS 40223
Facility Information: VALLEY GLEN 219 VALLEY GLEN DESOTO Phone (972) 230-4643 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVIN 402 W VINYARD DUNCANVILLE Phone (972) 296-7278 TOTAL Lic Capacity: 0	TX Facility ID: NG CORPORA	75115	(972) 224-0904 0 0 0 Reg Svcs: (972) 286-9057 0	ICF/IID: 6	GREENBREAK INC 234 BARRY LANE LANCASTER TX PHONE: (972) 227-5900 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100	75146 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON DRATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: VALLEY GLEN 219 VALLEY GLEN DESOTO Phone (972) 230-4643 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVIN 402 W VINYARD DUNCANVILLE Phone (972) 296-7278 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID: NG CORPORA	75115	(972) 224-0904 0 0 0 Reg Svcs: (972) 286-9057 0	ICF/IID: 6	GREENBREAK INC 234 BARRY LANE LANCASTER TX PHONE: (972) 227-5900 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	75146 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON DRATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: VALLEY GLEN 219 VALLEY GLEN DESOTO Phone (972) 230-4643 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVIN 402 W VINYARD DUNCANVILLE Phone (972) 296-7278 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID: NG CORPORA	75115	(972) 224-0904 0 0 0 Reg Svcs: (972) 286-9057 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	GREENBREAK INC 234 BARRY LANE LANCASTER TX PHONE: (972) 227-5900 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	75146 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
Facility Information: VALLEY GLEN 219 VALLEY GLEN DESOTO Phone (972) 230-4643 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVIN 402 W VINYARD DUNCANVILLE Phone (972) 296-7278 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EVERGREEN HIDDEN COURT	Facility ID: TX Facility ID: TX Facility ID:	75115	(972) 224-0904 0 0 0 Reg Svcs: (972) 286-9057 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	GREENBREAK INC 234 BARRY LANE LANCASTER TX PHONE: (972) 227-5900 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018	75146 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: VALLEY GLEN 219 VALLEY GLEN DESOTO Phone (972) 230-4643 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVIN 402 W VINYARD DUNCANVILLE Phone (972) 296-7278 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EVERGREEN HIDDEN COURT 5322 HIDDEN CT	Facility ID: TX Facility ID: TCOMMUNITY	75115	(972) 224-0904 0 0 0 Reg Svcs: (972) 286-9057 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	GREENBREAK INC 234 BARRY LANE LANCASTER TX PHONE: (972) 227-5900 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information	75146 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON RIES OF TEXAS INC
Facility Information: VALLEY GLEN 219 VALLEY GLEN DESOTO Phone (972) 230-4643 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVIN 402 W VINYARD DUNCANVILLE Phone (972) 296-7278 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EVERGREEN HIDDEN COURT	Facility ID: TX Facility ID: TX Facility ID:	75115	(972) 224-0904 0 0 0 Reg Svcs: (972) 286-9057 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	GREENBREAK INC 234 BARRY LANE LANCASTER TX PHONE: (972) 227-5900 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information EVERGREEN PRESBYTERIAN MINISTR	75146 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: VALLEY GLEN 219 VALLEY GLEN DESOTO Phone (972) 230-4643 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVIN 402 W VINYARD DUNCANVILLE Phone (972) 296-7278 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EVERGREEN HIDDEN COURT 5322 HIDDEN CT GARLAND Phone (972) 226-8129	Facility ID: TX Facility ID: TCOMMUNITY	75115	(972) 224-0904 0 0 0 Reg Svcs: (972) 286-9057 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	GREENBREAK INC 234 BARRY LANE LANCASTER TX PHONE: (972) 227-5900 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR	75146 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON RIES OF TEXAS INC
Facility Information: VALLEY GLEN 219 VALLEY GLEN DESOTO Phone (972) 230-4643 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVIN 402 W VINYARD DUNCANVILLE Phone (972) 296-7278 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EVERGREEN HIDDEN COUR: 5322 HIDDEN CT GARLAND Phone (972) 226-8129 TOTAL Lic Capacity: 0	Facility ID: TX Facility ID: TCOMMUNITY	75115	(972) 224-0904 0 0 0 Reg Svcs: (972) 286-9057 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	GREENBREAK INC 234 BARRY LANE LANCASTER TX PHONE: (972) 227-5900 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX	75146 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON RIES OF TEXAS INC 75238
Facility Information: VALLEY GLEN 219 VALLEY GLEN DESOTO Phone (972) 230-4643 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVIN 402 W VINYARD DUNCANVILLE Phone (972) 296-7278 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EVERGREEN HIDDEN COURT 5322 HIDDEN CT GARLAND Phone (972) 226-8129	Facility ID: TX Facility ID: TCOMMUNITY	75115	(972) 224-0904 0 0 0 Reg Svcs: (972) 286-9057 0 0 0 Reg Svcs: (972) 386-9509 0	ICF/IID: 6 IID TEAM ICF/IID: 6	GREENBREAK INC 234 BARRY LANE LANCASTER TX PHONE: (972) 227-5900 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX PHONE: (972) 386-4834	75146 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON RIES OF TEXAS INC 75238 FAX:

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County DALLAS			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	007812			Owner Information	
EVERGREEN LIGHTHOUSE C	COMMUNITY H	OME			EVERGREEN PRESBYTERIAN MINISTF	RIES OF TEXAS INC
1205 WENDELL WAY GARLAND	TX	75043			10810 SANDEN DR	
Phone (972) 303-0198		Fax			DALLAS TX	75238
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (972) 386-4834	FAX:
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 06/11/2017	
County DALLAS			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	007640			Owner Information	
EVERGREEN PEBBLECREEK	COMMUNITY	HOME			EVERGREEN PRESBYTERIAN MINISTF	RIES OF TEXAS INC
530 PEBBLECREEK DR GARLAND	TX	75041			10810 SANDEN DR	
Phone (972) 496-9243		Fax	(972) 386-9509		DALLAS TX	75238
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (972) 386-4834	FAX:
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 07/01/2018	
County DALLAS			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	007813	•		Owner Information	-
EVERGREEN PYRAMID COM	MUNITY HOME	=			EVERGREEN PRESBYTERIAN MINISTF	RIES OF TEXAS INC
706 PYRAMID GARLAND	TX	75040			10810 SANDEN DR	
Phone (972) 495-0077	IA.	Fax	(972) 386-9509		DALLAS TX	75238
TOTAL Lic Capacity: 0		TITLE 18:	, ,	ICF/IID: 6	PHONE : (972) 386-4834	FAX:
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 08/05/2018	
County DALLAS			Pag Syre	IID TEAM		Region 03 - ARI INGTON
County DALLAS Facility Information:	Facility ID:	007621	Reg Svcs:	IID TEAM	Owner Information	Region 03 - ARLINGTON
County DALLAS Facility Information: KNOLL POINT PLACE, LLC	Facility ID:	007621	Reg Svcs:	IID TEAM	Owner Information KNOLL POINT PLACE, LLC	Region 03 - ARLINGTON
Facility Information: KNOLL POINT PLACE, LLC 3446 KNOLL POINT DR	·		Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information: KNOLL POINT PLACE, LLC 3446 KNOLL POINT DR GARLAND	Facility ID:	75043	•	IID TEAM	KNOLL POINT PLACE, LLC	Region 03 - ARLINGTON 75043
Facility Information: KNOLL POINT PLACE, LLC 3446 KNOLL POINT DR GARLAND Phone (972) 226-2620	·	75043 Fax	(972) 226-2620		KNOLL POINT PLACE, LLC 3446 KNOLL POINT DR	•
Facility Information: KNOLL POINT PLACE, LLC 3446 KNOLL POINT DR GARLAND Phone (972) 226-2620 TOTAL Lic Capacity: 0	·	75043 Fax TITLE 18:	(972) 226-2620 0	IID TEAM ICF/IID: 6	KNOLL POINT PLACE, LLC 3446 KNOLL POINT DR GARLAND TX	75043
Facility Information: KNOLL POINT PLACE, LLC 3446 KNOLL POINT DR GARLAND Phone (972) 226-2620 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	75043 Fax TITLE 18: TITLE19:	(972) 226-2620 0		KNOLL POINT PLACE, LLC 3446 KNOLL POINT DR GARLAND TX PHONE: (214) 384-9775 PROGRAM TYPE: ICF/IID	75043 FAX: (972) 226-2620
Facility Information: KNOLL POINT PLACE, LLC 3446 KNOLL POINT DR GARLAND Phone (972) 226-2620 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	75043 Fax TITLE 18:	(972) 226-2620 0 0	ICF/IID: 6	KNOLL POINT PLACE, LLC 3446 KNOLL POINT DR GARLAND TX PHONE: (214) 384-9775	75043 FAX: (972) 226-2620 SERVICE TYPE PRIVATELY OWNED
Facility Information: KNOLL POINT PLACE, LLC 3446 KNOLL POINT DR GARLAND Phone (972) 226-2620 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS	тх	75043 Fax TITLE 18: TITLE19: TITLE 18/19:	(972) 226-2620 0		KNOLL POINT PLACE, LLC 3446 KNOLL POINT DR GARLAND TX PHONE: (214) 384-9775 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018	75043 FAX: (972) 226-2620
Facility Information: KNOLL POINT PLACE, LLC 3446 KNOLL POINT DR GARLAND Phone (972) 226-2620 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information:	·	75043 Fax TITLE 18: TITLE19:	(972) 226-2620 0 0	ICF/IID: 6	KNOLL POINT PLACE, LLC 3446 KNOLL POINT DR GARLAND TX PHONE: (214) 384-9775 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018 Owner Information	75043 FAX: (972) 226-2620 SERVICE TYPE PRIVATELY OWNED
Facility Information: KNOLL POINT PLACE, LLC 3446 KNOLL POINT DR GARLAND Phone (972) 226-2620 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: TRINITY MANOR 2813 COUNTRY VALLEY RD	TX Facility ID:	75043 Fax TITLE 18: TITLE19: TITLE 18/19:	(972) 226-2620 0 0	ICF/IID: 6	KNOLL POINT PLACE, LLC 3446 KNOLL POINT DR GARLAND TX PHONE: (214) 384-9775 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018	75043 FAX: (972) 226-2620 SERVICE TYPE PRIVATELY OWNED
Facility Information: KNOLL POINT PLACE, LLC 3446 KNOLL POINT DR GARLAND Phone (972) 226-2620 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: TRINITY MANOR 2813 COUNTRY VALLEY RD GARLAND	тх	75043	(972) 226-2620 0 0 0 Reg Svcs:	ICF/IID: 6	KNOLL POINT PLACE, LLC 3446 KNOLL POINT DR GARLAND TX PHONE: (214) 384-9775 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018 Owner Information TRINITY ICF MR INC	75043 FAX: (972) 226-2620 SERVICE TYPE PRIVATELY OWNED
Facility Information: KNOLL POINT PLACE, LLC 3446 KNOLL POINT DR GARLAND Phone (972) 226-2620 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: TRINITY MANOR 2813 COUNTRY VALLEY RD GARLAND Phone (972) 202-9700	TX Facility ID:	75043	(972) 226-2620 0 0 0 Reg Svcs:	ICF/IID: 6	KNOLL POINT PLACE, LLC 3446 KNOLL POINT DR GARLAND TX PHONE: (214) 384-9775 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018 Owner Information TRINITY ICF MR INC 2813 COUNTRY VALLEY RD	75043 FAX: (972) 226-2620 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: KNOLL POINT PLACE, LLC 3446 KNOLL POINT DR GARLAND Phone (972) 226-2620 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: TRINITY MANOR 2813 COUNTRY VALLEY RD GARLAND Phone (972) 202-9700 TOTAL Lic Capacity: 0	TX Facility ID:	75043	(972) 226-2620 0 0 0 Reg Svcs: (469) 298-3736 0	ICF/IID: 6	KNOLL POINT PLACE, LLC 3446 KNOLL POINT DR GARLAND TX PHONE: (214) 384-9775 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018 Owner Information TRINITY ICF MR INC 2813 COUNTRY VALLEY RD GARLAND TX PHONE: (972) 412-4990	75043 FAX: (972) 226-2620 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75043 FAX: (972) 412-4402
Facility Information: KNOLL POINT PLACE, LLC 3446 KNOLL POINT DR GARLAND Phone (972) 226-2620 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: TRINITY MANOR 2813 COUNTRY VALLEY RD GARLAND Phone (972) 202-9700 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	75043	(972) 226-2620 0 0 0 Reg Svcs: (469) 298-3736 0	ICF/IID: 6	KNOLL POINT PLACE, LLC 3446 KNOLL POINT DR GARLAND TX PHONE: (214) 384-9775 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018 Owner Information TRINITY ICF MR INC 2813 COUNTRY VALLEY RD GARLAND TX PHONE: (972) 412-4990 PROGRAM TYPE: ICF/IID	75043 FAX: (972) 226-2620 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: KNOLL POINT PLACE, LLC 3446 KNOLL POINT DR GARLAND Phone (972) 226-2620 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: TRINITY MANOR 2813 COUNTRY VALLEY RD GARLAND Phone (972) 202-9700 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	75043	(972) 226-2620 0 0 0 Reg Svcs: (469) 298-3736 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	KNOLL POINT PLACE, LLC 3446 KNOLL POINT DR GARLAND TX PHONE: (214) 384-9775 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018 Owner Information TRINITY ICF MR INC 2813 COUNTRY VALLEY RD GARLAND TX PHONE: (972) 412-4990	75043 FAX: (972) 226-2620 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75043 FAX: (972) 412-4402 SERVICE TYPE PRIVATELY OWNED
Facility Information: KNOLL POINT PLACE, LLC 3446 KNOLL POINT DR GARLAND Phone (972) 226-2620 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: TRINITY MANOR 2813 COUNTRY VALLEY RD GARLAND Phone (972) 202-9700 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	75043	(972) 226-2620 0 0 0 Reg Svcs: (469) 298-3736 0	ICF/IID: 6	KNOLL POINT PLACE, LLC 3446 KNOLL POINT DR GARLAND TX PHONE: (214) 384-9775 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018 Owner Information TRINITY ICF MR INC 2813 COUNTRY VALLEY RD GARLAND TX PHONE: (972) 412-4990 PROGRAM TYPE: ICF/IID License Exp Dt: 02/28/2017	75043 FAX: (972) 226-2620 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75043 FAX: (972) 412-4402
Facility Information: KNOLL POINT PLACE, LLC 3446 KNOLL POINT DR GARLAND Phone (972) 226-2620 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: TRINITY MANOR 2813 COUNTRY VALLEY RD GARLAND Phone (972) 202-9700 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information:	TX Facility ID:	75043	(972) 226-2620 0 0 0 Reg Svcs: (469) 298-3736 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	KNOLL POINT PLACE, LLC 3446 KNOLL POINT DR GARLAND TX PHONE: (214) 384-9775 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018 Owner Information TRINITY ICF MR INC 2813 COUNTRY VALLEY RD GARLAND TX PHONE: (972) 412-4990 PROGRAM TYPE: ICF/IID License Exp Dt: 02/28/2017 Owner Information	75043 FAX: (972) 226-2620 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75043 FAX: (972) 412-4402 SERVICE TYPE PRIVATELY OWNED
Facility Information: KNOLL POINT PLACE, LLC 3446 KNOLL POINT DR GARLAND Phone (972) 226-2620 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: TRINITY MANOR 2813 COUNTRY VALLEY RD GARLAND Phone (972) 202-9700 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	75043	(972) 226-2620 0 0 0 Reg Svcs: (469) 298-3736 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	KNOLL POINT PLACE, LLC 3446 KNOLL POINT DR GARLAND TX PHONE: (214) 384-9775 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018 Owner Information TRINITY ICF MR INC 2813 COUNTRY VALLEY RD GARLAND TX PHONE: (972) 412-4990 PROGRAM TYPE: ICF/IID License Exp Dt: 02/28/2017 Owner Information CALAB INC	75043 FAX: (972) 226-2620 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75043 FAX: (972) 412-4402 SERVICE TYPE PRIVATELY OWNED
Facility Information: KNOLL POINT PLACE, LLC 3446 KNOLL POINT DR GARLAND Phone (972) 226-2620 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: TRINITY MANOR 2813 COUNTRY VALLEY RD GARLAND Phone (972) 202-9700 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: 102 FORT SCOTT TRAIL 1102 FORT SCOTT TRAIL GRAND PRAIRIE	TX Facility ID:	75043	(972) 226-2620 0 0 0 Reg Svcs: (469) 298-3736 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	KNOLL POINT PLACE, LLC 3446 KNOLL POINT DR GARLAND TX PHONE: (214) 384-9775 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018 Owner Information TRINITY ICF MR INC 2813 COUNTRY VALLEY RD GARLAND TX PHONE: (972) 412-4990 PROGRAM TYPE: ICF/IID License Exp Dt: 02/28/2017 Owner Information CALAB INC 3803 S ROBINSON RD	75043 FAX: (972) 226-2620 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75043 FAX: (972) 412-4402 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: KNOLL POINT PLACE, LLC 3446 KNOLL POINT DR GARLAND Phone (972) 226-2620 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: TRINITY MANOR 2813 COUNTRY VALLEY RD GARLAND Phone (972) 202-9700 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: 102 FORT SCOTT TRAIL	TX Facility ID: TX Facility ID:	75043	(972) 226-2620 0 0 0 Reg Svcs: (469) 298-3736 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	KNOLL POINT PLACE, LLC 3446 KNOLL POINT DR GARLAND TX PHONE: (214) 384-9775 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018 Owner Information TRINITY ICF MR INC 2813 COUNTRY VALLEY RD GARLAND TX PHONE: (972) 412-4990 PROGRAM TYPE: ICF/IID License Exp Dt: 02/28/2017 Owner Information CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX	75043 FAX: (972) 226-2620 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75043 FAX: (972) 412-4402 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: KNOLL POINT PLACE, LLC 3446 KNOLL POINT DR GARLAND Phone (972) 226-2620 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: TRINITY MANOR 2813 COUNTRY VALLEY RD GARLAND Phone (972) 202-9700 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: 1102 FORT SCOTT TRAIL 1102 FORT SCOTT TRAIL 1102 FORT SCOTT TRAIL GRAND PRAIRIE Phone (972) 988-1217 TOTAL Lic Capacity: 0	TX Facility ID: TX Facility ID:	75043	(972) 226-2620 0 0 0 Reg Svcs: (469) 298-3736 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	KNOLL POINT PLACE, LLC 3446 KNOLL POINT DR GARLAND TX PHONE: (214) 384-9775 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018 Owner Information TRINITY ICF MR INC 2813 COUNTRY VALLEY RD GARLAND TX PHONE: (972) 412-4990 PROGRAM TYPE: ICF/IID License Exp Dt: 02/28/2017 Owner Information CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112	75043 FAX: (972) 226-2620 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75043 FAX: (972) 412-4402 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75052-1239 FAX: (972) 263-2115
Facility Information: KNOLL POINT PLACE, LLC 3446 KNOLL POINT DR GARLAND Phone (972) 226-2620 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: TRINITY MANOR 2813 COUNTRY VALLEY RD GARLAND Phone (972) 202-9700 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: 1102 FORT SCOTT TRAIL	TX Facility ID: TX Facility ID:	75043	(972) 226-2620 0 0 0 Reg Svcs: (469) 298-3736 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	KNOLL POINT PLACE, LLC 3446 KNOLL POINT DR GARLAND TX PHONE: (214) 384-9775 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018 Owner Information TRINITY ICF MR INC 2813 COUNTRY VALLEY RD GARLAND TX PHONE: (972) 412-4990 PROGRAM TYPE: ICF/IID License Exp Dt: 02/28/2017 Owner Information CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX	75043 FAX: (972) 226-2620 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75043 FAX: (972) 412-4402 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON

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County DALLAS			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	007266	. tog 0100.		Owner Information	
3502 GLENDA	•				CALAB INC	
3502 GLENDA	T V	75054			3803 S ROBINSON RD	
GRAND PRAIRIE Phone (972) 263-6621	TX	75051 Fax	(972) 606-4792		GRAND PRAIRIE TX	75052-1239
, ,			,	IOE/IID	PHONE : (972) 263-2112	FAX : (972) 263-2115
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0		TITLE 18: TITLE19:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 09/01/2017	
		111LL 10/19.			09/01/2017	
County DALLAS Facility Information:	Facility ID:	007531	Reg Svcs:	IID TEAM	Owner Information	Region 03 - ARLINGTON
AMICUS AT WOODSIDE	racility ID.	00/531			AMICUS, INC	
2213 WOODSIDE DR					1129 N LITTLE SCHOOL RD	
GRAND PRAIRIE	TX	75051			ARLINGTON TX	76017-1900
Phone (972) 988-9336		Fax	(817) 563-7906		PHONE : (817) 563-7900	FAX : (817) 563-7906
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	,	,
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2018	
County DALLAS			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	007615			Owner Information	
EDUCARE COMMUNITY LIVI	NG CORPORA	TION - TEXAS			EDUCARE COMMUNITY LIVING CORP	ORATION - TEXAS
4925 EMBERS TRAIL GRAND PRAIRIE	TX	75052			9901 LINN STATION RD	
Phone (972) 647-0517		Fax			LOUISVILLE KY	40223
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (502) 394-2100	FAX : (502) 394-2285
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2018	
County DALLAS			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
County DALLAS Facility Information:	Facility ID:	007642	Reg Svcs:	IID TEAM	Owner Information	Region 03 - ARLINGTON
•	-		Reg Svcs:	IID TEAM	Owner Information EDUCARE COMMUNITY LIVING CORP	v
Facility Information: EDUCARE COMMUNITY LIVI 1829 ANNA DR	ING CORPORA	TION - TEXAS	Reg Svcs:	IID TEAM		v
Facility Information: EDUCARE COMMUNITY LIVI 1829 ANNA DR IRVING	-	TION - TEXAS	·	IID TEAM	EDUCARE COMMUNITY LIVING CORP	v
Facility Information: EDUCARE COMMUNITY LIVI 1829 ANNA DR IRVING Phone (972) 445-2250	ING CORPORA	TION - TEXAS 75061 Fax	(972) 445-1695		EDUCARE COMMUNITY LIVING CORPOSITION RD	ORATION - TEXAS
Facility Information: EDUCARE COMMUNITY LIVI 1829 ANNA DR IRVING Phone (972) 445-2250 TOTAL Lic Capacity: 0	ING CORPORA	TION - TEXAS 75061 Fax TITLE 18:	(972) 445-1695 0	IID TEAM ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY	ORATION - TEXAS 40223
Facility Information: EDUCARE COMMUNITY LIVI 1829 ANNA DR IRVING Phone (972) 445-2250	ING CORPORA	TION - TEXAS 75061 Fax	(972) 445-1695 0		EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	ORATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: EDUCARE COMMUNITY LIVI 1829 ANNA DR IRVING Phone (972) 445-2250 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	ING CORPORA	75061 Fax TITLE 18: TITLE19:	(972) 445-1695 0 0	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	ORATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
Facility Information: EDUCARE COMMUNITY LIVI 1829 ANNA DR IRVING Phone (972) 445-2250 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS	ng Corpora TX	75061 Fax TITLE 18: TITLE 19:	(972) 445-1695 0		EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018	ORATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: EDUCARE COMMUNITY LIVI 1829 ANNA DR IRVING Phone (972) 445-2250 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information:	NG CORPORA TX Facility ID:	75061 Fax TITLE 18: TITLE 18/19:	(972) 445-1695 0 0	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018	ORATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: EDUCARE COMMUNITY LIVI 1829 ANNA DR IRVING Phone (972) 445-2250 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVI 917 APPLE TREE CT	NG CORPORA TX Facility ID: NG CORPORA	75061 Fax TITLE 18: TITLE 19: TITLE 18/19: 007641 TION - TEXAS	(972) 445-1695 0 0	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO	ORATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: EDUCARE COMMUNITY LIVI 1829 ANNA DR IRVING Phone (972) 445-2250 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVI 917 APPLE TREE CT IRVING	NG CORPORA TX Facility ID:	75061 Fax TITLE 18: TITLE 18/19: 007641 TION - TEXAS 75061	(972) 445-1695 0 0	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018	ORATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: EDUCARE COMMUNITY LIVI 1829 ANNA DR IRVING Phone (972) 445-2250 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVI 917 APPLE TREE CT IRVING Phone (972) 445-1856	NG CORPORA TX Facility ID: NG CORPORA	75061 Fax TITLE 18: TITLE 18/19: 007641 TION - TEXAS 75061 Fax	(972) 445-1695 0 0 0 Reg Svcs:	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD	ORATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ORATION - TEXAS
Facility Information: EDUCARE COMMUNITY LIVI 1829 ANNA DR IRVING Phone (972) 445-2250 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVI 917 APPLE TREE CT IRVING Phone (972) 445-1856 TOTAL Lic Capacity: 0	NG CORPORA TX Facility ID: NG CORPORA	75061 Fax TITLE 18: TITLE 18/19: 007641 TION - TEXAS 75061 Fax TITLE 18:	(972) 445-1695 0 0 0 Reg Svcs:	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY	ORATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ORATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: EDUCARE COMMUNITY LIVI 1829 ANNA DR IRVING Phone (972) 445-2250 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVI 917 APPLE TREE CT IRVING Phone (972) 445-1856 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	NG CORPORA TX Facility ID: NG CORPORA	75061 Fax TITLE 18: TITLE 18/19: 007641 TION - TEXAS 75061 Fax TITLE 18: TITLE 18: TITLE 19:	(972) 445-1695 0 0 0 Reg Svcs:	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ORATION - TEXAS 40223
Facility Information: EDUCARE COMMUNITY LIVI 1829 ANNA DR IRVING Phone (972) 445-2250 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVI 917 APPLE TREE CT IRVING Phone (972) 445-1856 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	NG CORPORA TX Facility ID: NG CORPORA	75061 Fax TITLE 18: TITLE 18/19: 007641 TION - TEXAS 75061 Fax TITLE 18:	(972) 445-1695 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100	ORATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ORATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
Facility Information: EDUCARE COMMUNITY LIVI 1829 ANNA DR IRVING Phone (972) 445-2250 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVI 917 APPLE TREE CT IRVING Phone (972) 445-1856 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS	TX Facility ID: NG CORPORA TX	75061 Fax TITLE 18: TITLE 18/19: 007641 TION - TEXAS 75061 Fax TITLE 18: TITLE 19: TITLE 18: TITLE 19:	(972) 445-1695 0 0 0 Reg Svcs:	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPOSITION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPOSITION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018	ORATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ORATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: EDUCARE COMMUNITY LIVI 1829 ANNA DR IRVING Phone (972) 445-2250 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVI 917 APPLE TREE CT IRVING Phone (972) 445-1856 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information:	Facility ID: TX Facility ID: TX Facility ID:	75061 Fax TITLE 18: TITLE 19: 007641 TION - TEXAS 75061 Fax TITLE 18: TITLE 19: TITLE 18: 003736	(972) 445-1695 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ORATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: EDUCARE COMMUNITY LIVI 1829 ANNA DR IRVING Phone (972) 445-2250 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVI 917 APPLE TREE CT IRVING Phone (972) 445-1856 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVI 10 County DALLAS Facility Information: EDUCARE COMMUNITY LIVI EDUCARE COMMUNITY LIVI	Facility ID: TX Facility ID: TX Facility ID:	75061 Fax TITLE 18: TITLE 19: 007641 TION - TEXAS 75061 Fax TITLE 18: TITLE 19: TITLE 18: 003736	(972) 445-1695 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO PROGRAM TYPE: ICF/IID	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ORATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: EDUCARE COMMUNITY LIVI 1829 ANNA DR IRVING Phone (972) 445-2250 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVI 917 APPLE TREE CT IRVING Phone (972) 445-1856 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information:	Facility ID: TX Facility ID: TX Facility ID:	75061 Fax TITLE 18: TITLE 19: 007641 TION - TEXAS 75061 Fax TITLE 18: TITLE 19: TITLE 18: 003736	(972) 445-1695 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPOSITION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPOSITION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPOSITION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ORATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ORATION - TEXAS
Facility Information: EDUCARE COMMUNITY LIVI 1829 ANNA DR IRVING Phone (972) 445-2250 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVI 917 APPLE TREE CT IRVING Phone (972) 445-1856 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVI 2016 ALAN A DALE	Facility ID: TX Facility ID: TX Facility ID: RG CORPORA	TION - TEXAS 75061 Fax TITLE 18: TITLE 18/19: 007641 TION - TEXAS 75061 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19: 003736 TION - TEXAS	(972) 445-1695 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPOSITION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPOSITION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPOSITION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPOSITION RD LOUISVILLE KY	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ORATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ORATION - TEXAS 40223 AUXION - TEXAS 40223
Facility Information: EDUCARE COMMUNITY LIVI 1829 ANNA DR IRVING Phone (972) 445-2250 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVI 917 APPLE TREE CT IRVING Phone (972) 445-1856 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVI 2616 ALAN A DALE IRVING	Facility ID: TX Facility ID: TX Facility ID: RG CORPORA	75061 Fax TITLE 18: TITLE 18/19: 007641 TION - TEXAS 75061 Fax TITLE 18: TITLE 19: 003736 TION - TEXAS	(972) 445-1695 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPOSITION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPOSITION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPOSITION RD LOUISVILLE KY PHONE: (502) 394-2100 Owner Information EDUCARE COMMUNITY LIVING CORPOSITION RD LOUISVILLE KY PHONE: (502) 394-2100	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ORATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ORATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: EDUCARE COMMUNITY LIVI 1829 ANNA DR IRVING Phone (972) 445-2250 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVI 917 APPLE TREE CT IRVING Phone (972) 445-1856 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EDUCARE COMMUNITY LIVI 2616 ALAN A DALE IRVING Phone (972) 600-9535	Facility ID: TX Facility ID: TX Facility ID: RG CORPORA	TION - TEXAS 75061 Fax TITLE 18: TITLE 18/19: 007641 TION - TEXAS 75061 Fax TITLE 18: TITLE 18: TITLE 18: TITLE 18: TITLE 18: TITLE 18/19: 003736 TION - TEXAS 75061 Fax	(972) 445-1695 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPOSITION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPOSITION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPOSITION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPOSITION RD LOUISVILLE KY	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ORATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ORATION - TEXAS 40223 AUXION - TEXAS 40223

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County DALLAS			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	007810	·		Owner Information	•
FULTON COMMUNITY HOME					EDUCARE COMMUNITY LIVING LIMITED	PARTNERSHIP
2501 CRESTVIEW IRVING	TX	75062			9901 LINN STATION ROAD	
Phone (972) 252-1087	IX.	Fax			LOUISVILLE KY	40223-3808
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (502) 394-2100	FAX: (502) 394-2285
Cert Alzh Capacity: 0		TITLE19:		•	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 10/13/2017	
County DALLAS			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	007497	-		Owner Information	•
MAYKUS COMMUNITY HOME	Ē				EDUCARE COMMUNITY LIVING LIMITED	PARTNERSHIP
600 MAYKUS CT IRVING	TX	75061			9901 LINN STATION ROAD	
Phone (972) 251-4252	17	Fax			LOUISVILLE KY	40223-3808
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE: (502) 394-2100	FAX : (502) 394-2285
Cert Alzh Capacity: 0		TITLE 10.			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 01/01/2019	
County DALLAS			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	007503	Neg oves.	IID I LAW	Owner Information	NOGIVIT OF AILLING FOR
RINDIE COMMUNITY HOME	,				EDUCARE COMMUNITY LIVING LIMITED	PARTNERSHIP
1701 RINDIE ST		75000 5005			9901 LINN STATION ROAD	
IRVING (972) 254-1332	TX	75060-5925 Fax			LOUISVILLE KY	40223-3808
, ,			•	IOF/IID C	PHONE : (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0		TITLE 18: TITLE19:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 01/01/2019	
TRIVATE Beds. 0		111LL 10/13.	U		Cicelise Exp Dt. 01/01/2019	
County DALLAS	Fasility ID:	002047	Reg Svcs:	IID TEAM	Ourse Information	Region 03 - ARLINGTON
Facility Information:	Facility ID:	003947	Reg Svcs:	IID TEAM	Owner Information GREENBREAK INC	Region 03 - ARLINGTON
•	Facility ID:	003947	Reg Svcs:	IID TEAM	GREENBREAK INC	Region 03 - ARLINGTON
Facility Information: BARRY LANE 234 BARRY LANE LANCASTER	Facility ID:	75146	·	IID TEAM		Region 03 - ARLINGTON 75146
Facility Information: BARRY LANE 234 BARRY LANE	·		Reg Svcs: (214) 224-0904	IID TEAM	GREENBREAK INC 234 BARRY LANE LANCASTER TX	75146
Facility Information: BARRY LANE 234 BARRY LANE LANCASTER Phone (972) 227-5900 TOTAL Lic Capacity: 0	·	75146 Fax TITLE 18:	(214) 224-0904 0	IID TEAM ICF/IID: 6	GREENBREAK INC 234 BARRY LANE LANCASTER TX PHONE: (972) 227-5900	75146 FAX: (972) 224-0904
Facility Information: BARRY LANE 234 BARRY LANE LANCASTER Phone (972) 227-5900 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	75146 Fax TITLE 18: TITLE19:	(214) 224-0904 0		GREENBREAK INC 234 BARRY LANE LANCASTER TX PHONE: (972) 227-5900 PROGRAM TYPE: ICF/IID	75146
Facility Information: BARRY LANE 234 BARRY LANE LANCASTER Phone (972) 227-5900 TOTAL Lic Capacity: 0	·	75146 Fax TITLE 18:	(214) 224-0904 0		GREENBREAK INC 234 BARRY LANE LANCASTER TX PHONE: (972) 227-5900	75146 FAX: (972) 224-0904
Facility Information: BARRY LANE 234 BARRY LANE LANCASTER Phone (972) 227-5900 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	тх	75146 Fax TITLE 18: TITLE19:	(214) 224-0904 0		GREENBREAK INC 234 BARRY LANE LANCASTER TX PHONE: (972) 227-5900 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017	75146 FAX: (972) 224-0904
Facility Information: BARRY LANE 234 BARRY LANE LANCASTER Phone (972) 227-5900 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information:	·	75146 Fax TITLE 18: TITLE19:	(214) 224-0904 0 0	ICF/IID: 6	GREENBREAK INC 234 BARRY LANE LANCASTER TX PHONE: (972) 227-5900 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information	75146 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED
Facility Information: BARRY LANE 234 BARRY LANE LANCASTER Phone (972) 227-5900 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: WILLOWOOD	тх	75146 Fax TITLE 18: TITLE19: TITLE 18/19:	(214) 224-0904 0 0	ICF/IID: 6	GREENBREAK INC 234 BARRY LANE LANCASTER TX PHONE: (972) 227-5900 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information MONARCH HOLDING INC	75146 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED
Facility Information: BARRY LANE 234 BARRY LANE LANCASTER Phone (972) 227-5900 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information:	тх	75146 Fax TITLE 18: TITLE19: TITLE 18/19:	(214) 224-0904 0 0	ICF/IID: 6	GREENBREAK INC 234 BARRY LANE LANCASTER TX PHONE: (972) 227-5900 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information MONARCH HOLDING INC 812 LIVE OAK	75146 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: BARRY LANE 234 BARRY LANE LANCASTER Phone (972) 227-5900 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: WILLOWOOD 731 WILLOWOOD	TX Facility ID:	75146	(214) 224-0904 0 0	ICF/IID: 6	GREENBREAK INC 234 BARRY LANE LANCASTER TX PHONE: (972) 227-5900 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information MONARCH HOLDING INC 812 LIVE OAK DE SOTO TX	75146 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75115
Facility Information: BARRY LANE 234 BARRY LANE LANCASTER Phone (972) 227-5900 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: WILLOWOOD 731 WILLOWOOD LANCASTER	TX Facility ID:	75146	(214) 224-0904 0 0 0 Reg Svcs:	ICF/IID: 6	GREENBREAK INC 234 BARRY LANE LANCASTER TX PHONE: (972) 227-5900 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information MONARCH HOLDING INC 812 LIVE OAK DE SOTO TX PHONE: (972) 780-9388	75146 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75115 FAX: (972) 224-0904
Facility Information: BARRY LANE 234 BARRY LANE LANCASTER Phone (972) 227-5900 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: WILLOWOOD 731 WILLOWOOD LANCASTER Phone (972) 227-5123 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	75146	(214) 224-0904 0 0 0 Reg Svcs: (972) 224-0904 0	ICF/IID: 6	GREENBREAK INC 234 BARRY LANE LANCASTER TX PHONE: (972) 227-5900 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information MONARCH HOLDING INC 812 LIVE OAK DE SOTO TX	75146 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75115
Facility Information: BARRY LANE 234 BARRY LANE LANCASTER Phone (972) 227-5900 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: WILLOWOOD 731 WILLOWOOD LANCASTER Phone (972) 227-5123 TOTAL Lic Capacity: 0	TX Facility ID:	75146	(214) 224-0904 0 0 0 Reg Svcs: (972) 224-0904 0	ICF/IID: 6	GREENBREAK INC 234 BARRY LANE LANCASTER TX PHONE: (972) 227-5900 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information MONARCH HOLDING INC 812 LIVE OAK DE SOTO TX PHONE: (972) 780-9388	75146 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75115 FAX: (972) 224-0904
Facility Information: BARRY LANE 234 BARRY LANE LANCASTER Phone (972) 227-5900 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: WILLOWOOD 731 WILLOWOOD LANCASTER Phone (972) 227-5123 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	75146	(214) 224-0904 0 0 0 Reg Svcs: (972) 224-0904 0	ICF/IID: 6	GREENBREAK INC 234 BARRY LANE LANCASTER TX PHONE: (972) 227-5900 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information MONARCH HOLDING INC 812 LIVE OAK DE SOTO TX PHONE: (972) 780-9388 PROGRAM TYPE: ICF/IID	75146 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75115 FAX: (972) 224-0904
Facility Information: BARRY LANE 234 BARRY LANE LANCASTER Phone (972) 227-5900 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: WILLOWOOD 731 WILLOWOOD LANCASTER Phone (972) 227-5123 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	75146	(214) 224-0904 0 0 0 Reg Svcs: (972) 224-0904 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	GREENBREAK INC 234 BARRY LANE LANCASTER TX PHONE: (972) 227-5900 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information MONARCH HOLDING INC 812 LIVE OAK DE SOTO TX PHONE: (972) 780-9388 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information	75146 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75115 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED
Facility Information: BARRY LANE 234 BARRY LANE LANCASTER Phone (972) 227-5900 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: WILLOWOOD 731 WILLOWOOD LANCASTER Phone (972) 227-5123 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EASTBROOK HOUSE	TX Facility ID:	75146	(214) 224-0904 0 0 0 Reg Svcs: (972) 224-0904 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	GREENBREAK INC 234 BARRY LANE LANCASTER TX PHONE: (972) 227-5900 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information MONARCH HOLDING INC 812 LIVE OAK DE SOTO TX PHONE: (972) 780-9388 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information Owner Information Oynor Information TX PHONE: (972) 780-9388 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017	75146 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75115 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED
Facility Information: BARRY LANE 234 BARRY LANE LANCASTER Phone (972) 227-5900 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: WILLOWOOD 731 WILLOWOOD LANCASTER Phone (972) 227-5123 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information:	TX Facility ID:	75146	(214) 224-0904 0 0 0 Reg Svcs: (972) 224-0904 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	GREENBREAK INC 234 BARRY LANE LANCASTER TX PHONE: (972) 227-5900 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information MONARCH HOLDING INC 812 LIVE OAK DE SOTO TX PHONE: (972) 780-9388 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information CALAB INC 3803 S ROBINSON RD	75146 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75115 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: BARRY LANE 234 BARRY LANE LANCASTER Phone (972) 227-5900 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: WILLOWOOD 731 WILLOWOOD LANCASTER Phone (972) 227-5123 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EASTBROOK HOUSE 3313 EASTBROOK DR	TX Facility ID: TX Facility ID:	75146	(214) 224-0904 0 0 0 Reg Svcs: (972) 224-0904 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	GREENBREAK INC 234 BARRY LANE LANCASTER TX PHONE: (972) 227-5900 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information MONARCH HOLDING INC 812 LIVE OAK DE SOTO TX PHONE: (972) 780-9388 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX	75146 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75115 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: BARRY LANE 234 BARRY LANE LANCASTER Phone (972) 227-5900 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: WILLOWOOD 731 WILLOWOOD LANCASTER Phone (972) 227-5123 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EASTBROOK HOUSE 3313 EASTBROOK DR MESQUITE	TX Facility ID: TX Facility ID:	75146	(214) 224-0904 0 0 0 Reg Svcs: (972) 224-0904 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	GREENBREAK INC 234 BARRY LANE LANCASTER TX PHONE: (972) 227-5900 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information MONARCH HOLDING INC 812 LIVE OAK DE SOTO TX PHONE: (972) 780-9388 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information CALAB INC 3803 S ROBINSON RD	75146 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75115 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: BARRY LANE 234 BARRY LANE LANCASTER Phone (972) 227-5900 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: WILLOWOOD 731 WILLOWOOD LANCASTER Phone (972) 227-5123 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DALLAS Facility Information: EASTBROOK HOUSE 3313 EASTBROOK DR MESQUITE Phone (972) 686-9478	TX Facility ID: TX Facility ID:	75146	(214) 224-0904 0 0 0 Reg Svcs: (972) 224-0904 0 0 0 Reg Svcs: (972) 606-4792 0	ICF/IID: 6 IID TEAM ICF/IID: 6	GREENBREAK INC 234 BARRY LANE LANCASTER TX PHONE: (972) 227-5900 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information MONARCH HOLDING INC 812 LIVE OAK DE SOTO TX PHONE: (972) 780-9388 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX	75146 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75115 FAX: (972) 224-0904 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON

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County DALLAS Reg Svcs: IID TEAM 03 - ARLINGTON Region Facility ID: **Facility Information:** 007645 Owner Information EVERGREEN ISLANDVIEW COMMUNITY HOME EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC 1901 ISLAND VIEW 10810 SANDEN DR MESQUITE ΤX 75149 DALLAS ΤX 75238 Phone (972) 285-1061 Fax (972) 386-9509 PHONE: FAX: (972) 386-4834 TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6 PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED Cert Alzh Capacity: 0 TITLE19: 0 PRIVATE Beds: 0 TITLE 18/19: 0 License Exp Dt: 07/01/2018 County DALLAS IID TEAM 03 - ARLINGTON Reg Svcs: Region **Facility Information:** Facility ID: 007647 **Owner Information** EVERGREEN VALLEY CREEK COMMUNITY HOME EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC 907 VALLEYCREEK DR 10810 SANDEN DR MESQUITE ΤX 75181-2355 DALLAS TX 75238 Phone (972) 222-6622 Fax (972) 386-9509 PHONE: (972) 386-4834 FAX: TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6 PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED Cert Alzh Capacity: 0 **TITLE19**: 0 PRIVATE Beds: 0 TITLE 18/19: 0 License Exp Dt: 07/01/2018 County DALLAS IID TEAM 03 - ARLINGTON Reg Svcs: Region **Facility Information:** Facility ID: 003987 **Owner Information** HARMAN HOUSE CALAB INC 4237 ASHWOOD DR 3803 S ROBINSON RD MESQUITE TX 75150 **GRAND PRAIRIE** 75052-1239 TX (972) 613-7635 (972) 606-4792 Phone Fax PHONE: (972) 263-2112 FAX: (972) 263-2115 TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6 PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED **TITLE19**: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 TITLE 18/19: Λ License Exp Dt: 09/01/2018 Reg Svcs: IID TEAM 03 - ARLINGTON County DALLAS Region **Facility Information:** Facility ID: 007800 Owner Information ABILITY CONNECTION TEXAS ABILITY HOUSE ABILITY CONNECTION TEXAS 615-617 WOODHAVEN PL 8802 HARRY HINES BLVD RICHARDSON TX 75080 DALLAS 75235-1716 TX Phone (214) 247-4505 Fax (214) 279-5378 (214) 279-5378 PHONE: (214) 247-4505 FAX: TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6 PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED Cert Alzh Capacity: 0 TITLE19: ٥ PRIVATE Beds: 0 TITLE 18/19: License Exp Dt: 04/30/2018 County DALLAS Reg Svcs: IID TEAM Region 03 - ARLINGTON Facility ID: **Facility Information:** 003994 Owner Information ABILITY CONNECTION TEXAS WENTWORTH HOUSE ABILITY CONNECTION TEXAS 642 WENTWORTH DR 8802 HARRY HINES BLVD 75081-5622 TX RICHARDSON **DALLAS** TX 75235-1716 (214) 247-4505 Fax (214) 755-1735 PHONE: (214) 247-4505 FAX: (214) 279-5378 TITLE 18: 0 ICF/IID: 6 TOTAL Lic Capacity: 0 PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED Cert Alzh Capacity: 0 TITLE19: 0 PRIVATE Beds: 0 TITLE 18/19: 0 License Exp Dt: 03/29/2018 County DALLAS Reg Svcs: IID TEAM Region 03 - ARLINGTON **Facility Information:** Facility ID: 007280 Owner Information MOSAIC MOSAIC 1509 VERSAILLES 428 ST ANDREWS DR RICHARDSON TX 75081 ALLEN TX 75002 Phone (972) 866-9989 (972) 991-0834 Fax PHONE: (469) 675-1561 FAX: (469) 675-1562 TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6 PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED Cert Alzh Capacity: 0 TITLE19: 0 PRIVATE Beds: 0 TITLE 18/19: License Exp Dt: 01/01/2017

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County DALLAS			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	003901		- 	Owner Information	
MOSAIC	-				MOSAIC	
1809 AUBURN	TV	75004			428 ST ANDREWS DR	
RICHARDSON Phone (972) 866-9989	TX	75081 Fax	(072) 004 0024		ALLEN TX	75002
(, , , , , , , , , , , , , , , , , , ,			(972) 991-0834	105/110	PHONE : (469) 675-1561	FAX: (469) 675-1562
TOTAL Lic Capacity: 0		TITLE 18: TITLE19:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0 PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 01/01/2017	
		111LE 10/19.			License Exp Di. 01/01/2017	
County DENTON	Engility ID:	007667	Reg Svcs:	IID TEAM	Owner Information	Region 03 - ARLINGTON
Facility Information: BELL COMMUNITY RESIDEN	Facility ID:	007667			Wher information KENMAR RESIDENTIAL SERVICES INC	OPPOPATED
2402 BERNARD	OL				33 CYPRESS BLVD	SUITE 100
DENTON	TX	76205			ROUND ROCK TX	78665
Phone (940) 387-1314		Fax	(940) 566-2371		PHONE: (512) 336-0800	FAX: (512) 336-0812
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	, ,	,
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 03/15/2018	
County DENTON			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	003922			Owner Information	
CANDLEBERRY					EDUCARE COMMUNITY LIVING CORPO	DRATION - TEXAS
2721 THUNDERBIRD ST DENTON	TX	76201			9901 LINN STATION RD	
Phone (940) 566-1079	-	Fax	(940) 382-9521		LOUISVILLE KY	40223
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (502) 394-2100	FAX: (502) 394-2285
Cert Alzh Capacity: 0		TITLE19:		-	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 10/01/2017	
						
County DENTON			Pag Sycs:	IID TEAM		Pegion 03 - APLINGTON
County DENTON Facility Information:	Facility ID:	007668	Reg Svcs:	IID TEAM	Owner Information	Region 03 - ARLINGTON
County DENTON Facility Information: CARTER COMMUNITY RESID	Facility ID:	007668	Reg Svcs:	IID TEAM	Owner Information KENMAR RESIDENTIAL SERVICES INC	·
Facility Information: CARTER COMMUNITY RESIDER 3805 CAMELOT	DENCE		Reg Svcs:	IID TEAM		·
Facility Information: CARTER COMMUNITY RESIDED SANDS CAMELOT DENTON	•	76205	Reg Svcs:	IID TEAM	KENMAR RESIDENTIAL SERVICES INC	ORPORATED
Facility Information: CARTER COMMUNITY RESIDENTS 3805 CAMELOT DENTON Phone (940) 382-4216	DENCE	76205 Fax			KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD	ORPORATED ,SUITE 100
Facility Information: CARTER COMMUNITY RESIDENTS 3805 CAMELOT DENTON Phone (940) 382-4216 TOTAL Lic Capacity: 0	DENCE	76205 Fax TITLE 18:	0	IID TEAM ICF/IID: 6	KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800	ORPORATED ,SUITE 100
Facility Information: CARTER COMMUNITY RESIDENTS 3805 CAMELOT DENTON Phone (940) 382-4216 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	DENCE	76205 Fax TITLE 18: TITLE19:	0 0		KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID	ORPORATED ,SUITE 100 78665
Facility Information: CARTER COMMUNITY RESIDENTS 3805 CAMELOT DENTON Phone (940) 382-4216 TOTAL Lic Capacity: 0	DENCE	76205 Fax TITLE 18:	0 0		KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800	ORPORATED ,SUITE 100
Facility Information: CARTER COMMUNITY RESIDENTS 3805 CAMELOT DENTON Phone (940) 382-4216 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON	TX	76205 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0		KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018	ORPORATED ,SUITE 100
Facility Information: CARTER COMMUNITY RESIDENTS 3805 CAMELOT DENTON Phone (940) 382-4216 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information:	TX Facility ID:	76205 Fax TITLE 18: TITLE19:	0 0 0	ICF/IID: 6	KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018 Owner Information	ORPORATED ,SUITE 100 ,78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: CARTER COMMUNITY RESIDENT SAMELOT DENTON Phone (940) 382-4216 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: DAVIS COMMUNITY RESIDENT	TX Facility ID:	76205 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 6	KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018 Owner Information KENMAR RESIDENTIAL SERVICES INC	ORPORATED ,SUITE 100 ,78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ORPORATED
Facility Information: CARTER COMMUNITY RESIDENTS 3805 CAMELOT DENTON Phone (940) 382-4216 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information:	TX Facility ID:	76205 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 6	KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018 Owner Information KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD	ORPORATED ,SUITE 100 ,78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ORPORATED ,SUITE 100
Facility Information: CARTER COMMUNITY RESIDENTIAL SAME CAMELOT DENTON Phone (940) 382-4216 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: DAVIS COMMUNITY RESIDENTIAL SAME CAME CAME CAME CAME CAME CAME CAME C	TX Facility ID: NCE	76205 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 6	KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018 Owner Information KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX	ORPORATED ,SUITE 100 ,78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ORPORATED ,SUITE 100 ,78665
Facility Information: CARTER COMMUNITY RESIDENTIAL STATES	TX Facility ID: NCE	76205	0 0 0 Reg Svcs:	ICF/IID: 6	KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018 Owner Information KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800	ORPORATED ,SUITE 100 ,78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ORPORATED ,SUITE 100 ,78665 FAX: (512) 336-0812
Facility Information: CARTER COMMUNITY RESIDENTIAL SERVICE STATES SERVICE SER	TX Facility ID: NCE	76205	0 0 0 Reg Svcs:	ICF/IID: 6	KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018 Owner Information KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX	ORPORATED ,SUITE 100 ,78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ORPORATED ,SUITE 100 ,78665
Facility Information: CARTER COMMUNITY RESIDENTIAL SERVICE STATES COMMUNITY RESIDENTIAL SERVICE SERVI	TX Facility ID: NCE	76205	0 0 0 Reg Svcs:	ICF/IID: 6	KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018 Owner Information KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800	ORPORATED ,SUITE 100 ,78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ORPORATED ,SUITE 100 ,78665 FAX: (512) 336-0812
Facility Information: CARTER COMMUNITY RESIDENTIAL STATES AND CAMELOT DENTON Phone (940) 382-4216 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: DAVIS COMMUNITY RESIDENTON Phone (940) 566-8631 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID: NCE	76205	0 0 0 Reg Svcs:	ICF/IID: 6	KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018 Owner Information KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID	ORPORATED ,SUITE 100 ,78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ORPORATED ,SUITE 100 ,78665 FAX: (512) 336-0812
Facility Information: CARTER COMMUNITY RESIDENTIAL SECTION Phone (940) 382-4216 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: DAVIS COMMUNITY RESIDENTIAL SECTION Phone (940) 566-8631 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID: NCE	76205	0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018 Owner Information KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID	ORPORATED ,SUITE 100 ,78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ORPORATED ,SUITE 100 ,78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED
Facility Information: CARTER COMMUNITY RESIDENTIAL SAMELOT DENTON Phone (940) 382-4216 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: DAVIS COMMUNITY RESIDENTIAL SAME SAME SAME SAME SAME SAME SAME SAME	Facility ID: TX Facility ID: TX Facility ID: D LIVING CEN	76205	0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018 Owner Information KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018	ORPORATED ,SUITE 100 ,78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ORPORATED ,SUITE 100 ,78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED
Facility Information: CARTER COMMUNITY RESIDENTIAL SAMELOT DENTON Phone (940) 382-4216 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: DAVIS COMMUNITY RESIDENTIAL SAME SAME SAME SAME SAME SAME SAME SAME	Facility ID: TX Facility ID: TX Facility ID: D LIVING CEN	76205	0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018 Owner Information KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018 Owner Information	ORPORATED ,SUITE 100 ,78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ORPORATED ,SUITE 100 ,78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED
Facility Information: CARTER COMMUNITY RESIDENTIAL SAMELOT DENTON Phone (940) 382-4216 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: DAVIS COMMUNITY RESIDENTIAL SAME SAME SAME SAME SAME SAME SAME SAME	Facility ID: TX Facility ID: TX Facility ID: D LIVING CEN	76205	0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018 Owner Information KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018 Owner Information DADS	ORPORATED ,SUITE 100 ,78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ORPORATED ,SUITE 100 ,78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED
Facility Information: CARTER COMMUNITY RESIDENTIAL SECTION Phone (940) 382-4216 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: DAVIS COMMUNITY RESIDENTIAL SECTION Phone (940) 566-8631 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: DENTON Phone (940) 566-8631 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: DENTON STATE SUPPORTE 3980 STATE SCHOOL RD HWDENTON Phone (940) 891-0342	Facility ID: TX Facility ID: TX Facility ID: D LIVING CEN	76205	0 0 0 Reg Svcs: 0 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018 Owner Information KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018 Owner Information DADS PO BOX 12668	ORPORATED ,SUITE 100 ,78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ORPORATED ,SUITE 100 ,78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: CARTER COMMUNITY RESIDENTIAL SECTION Phone (940) 382-4216 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: DAVIS COMMUNITY RESIDENTIAL Lic Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: DAVIS COMMUNITY RESIDENTIAL SECTION Phone (940) 566-8631 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: DENTON STATE SUPPORTE 3980 STATE SCHOOL RD HWDENTON Phone (940) 891-0342 TOTAL Lic Capacity: 0	Facility ID: TX Facility ID: TX Facility ID: D LIVING CEN	76205	0 0 0 Reg Svcs: 0 0 0 Reg Svcs: (940) 591-3300	ICF/IID: 6 IID TEAM ICF/IID: 6	KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018 Owner Information KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018 Owner Information DADS PO BOX 12668 AUSTIN TX	ORPORATED ,SUITE 100 78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ORPORATED ,SUITE 100 78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 78711 FAX: SERVICE TYPE STATE SCHOOL/STATE
Facility Information: CARTER COMMUNITY RESIDENTIAL SECTION Phone (940) 382-4216 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: DAVIS COMMUNITY RESIDENTIAL SECTION Phone (940) 566-8631 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: DENTON Phone (940) 566-8631 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: DENTON STATE SUPPORTE 3980 STATE SCHOOL RD HWDENTON Phone (940) 891-0342	Facility ID: TX Facility ID: TX Facility ID: D LIVING CEN	76205	0 0 0 Reg Svcs: 0 0 0 Reg Svcs: (940) 591-3300	ICF/IID: 6 IID TEAM ICF/IID: 6	KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018 Owner Information KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018 Owner Information DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761	ORPORATED ,SUITE 100 ,78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ORPORATED ,SUITE 100 ,78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 78711 FAX:

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County DENTON			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	007206			Owner Information	
EDUCARE COMMUNITY LIVI	NG CORPORAT	TION - TEXAS			EDUCARE COMMUNITY LIVING CORPO	ORATION - TEXAS
7501 RIVERCHASE TRL	TV	70040			9901 LINN STATION RD	
DENTON Phone (940) 382-7900	TX	76210 Fax			LOUISVILLE KY	40223
, ,			•	IOF/IID.	PHONE : (502) 394-2100	FAX : (502) 394-2285
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0		TITLE 18: TITLE19:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 04/01/2018	
-					2.00.00 2.KP 2.11 0 1/0 1/20 10	B :
County DENTON Facility Information:	Facility ID:	007247	Reg Svcs:	IID TEAM	Owner Information	Region 03 - ARLINGTON
EDUCARE COMMUNITY LIVII	-				EDUCARE COMMUNITY LIVING CORPO	ORATION - TEXAS
3612 BIG HORN TRL					9901 LINN STATION RD	
DENTON (0.40) 000 4500	TX	76210			LOUISVILLE KY	40223
Phone (940) 383-1520		Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:				CENTICE THE THIVATELI OWNED
PRIVATE Beds: 0		TITLE 18/19:	U		License Exp Dt: 03/18/2018	
County DENTON			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	007669			Owner Information	
NEWTON COMMUNITY RESI 3112 CEDAR HILL	DENCE				KENMAR RESIDENTIAL SERVICES INC	
DENTON	TX	76205			33 CYPRESS BLVD	,SUITE 100
Phone (940) 566-6746		Fax			ROUND ROCK TX	78665
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (512) 336-0800	FAX: (512) 336-0812
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 03/15/2018	
County DENTON						
Soundy DENTON			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
•	Facility ID:	007671	Reg Svcs:	IID TEAM	Owner Information	Region 03 - ARLINGTON
Facility Information: OAKBEND COMMUNITY RES	•	007671	Reg Svcs:	IID TEAM	Owner Information KENMAR RESIDENTIAL SERVICES INC	v
Facility Information: OAKBEND COMMUNITY RES 1430 N RUDDELL	SIDENCE		Reg Svcs:	IID TEAM	KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD	v
Facility Information: OAKBEND COMMUNITY RES	•	007671 76201 Fax	Reg Svcs:	IID TEAM	KENMAR RESIDENTIAL SERVICES INC	CORPORATED
Facility Information: OAKBEND COMMUNITY RES 1430 N RUDDELL DENTON Phone (940) 387-0831	SIDENCE	76201 Fax			KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD	CORPORATED ,SUITE 100
Facility Information: OAKBEND COMMUNITY RES 1430 N RUDDELL DENTON	SIDENCE	76201	0	IID TEAM ICF/IID: 6	KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX	CORPORATED ,SUITE 100 78665
Facility Information: OAKBEND COMMUNITY RES 1430 N RUDDELL DENTON Phone (940) 387-0831 TOTAL Lic Capacity: 0	SIDENCE	76201 Fax TITLE 18:	0 0		KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID	CORPORATED ,SUITE 100 78665 FAX: (512) 336-0812
Facility Information: OAKBEND COMMUNITY RES 1430 N RUDDELL DENTON Phone (940) 387-0831 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	SIDENCE	76201 Fax TITLE 18: TITLE19:	0 0 0	ICF/IID: 6	KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID	CORPORATED ,SUITE 100 78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED
Facility Information: OAKBEND COMMUNITY RES 1430 N RUDDELL DENTON Phone (940) 387-0831 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON	TX	76201 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0		KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID	CORPORATED ,SUITE 100 78665 FAX: (512) 336-0812
Facility Information: OAKBEND COMMUNITY RES 1430 N RUDDELL DENTON Phone (940) 387-0831 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON	SIDENCE	76201 Fax TITLE 18: TITLE19:	0 0 0	ICF/IID: 6	KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018	CORPORATED ,SUITE 100 78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED
Facility Information: OAKBEND COMMUNITY RES 1430 N RUDDELL DENTON Phone (940) 387-0831 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: OAKRIDGE GROUP HOME 2421 OAKRIDGE	TX Facility ID:	76201	0 0 0	ICF/IID: 6	KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018 Owner Information	CORPORATED ,SUITE 100 78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED
Facility Information: OAKBEND COMMUNITY RES 1430 N RUDDELL DENTON Phone (940) 387-0831 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: OAKRIDGE GROUP HOME 2421 OAKRIDGE DENTON	TX	76201 Fax TITLE 18: TITLE19: TITLE 18/19: 007442 76201	0 0 0 Reg Svcs:	ICF/IID: 6	KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018 Owner Information INNOVATIVE OUTCOMES INC	CORPORATED ,SUITE 100 78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED
Facility Information: OAKBEND COMMUNITY RES 1430 N RUDDELL DENTON Phone (940) 387-0831 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: OAKRIDGE GROUP HOME 2421 OAKRIDGE DENTON Phone (940) 387-9710	TX Facility ID:	76201	0 0 0 Reg Svcs:	ICF/IID: 6	KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018 Owner Information INNOVATIVE OUTCOMES INC 2100 PARKSIDE DR	CORPORATED ,SUITE 100 78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: OAKBEND COMMUNITY RES 1430 N RUDDELL DENTON Phone (940) 387-0831 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: OAKRIDGE GROUP HOME 2421 OAKRIDGE DENTON Phone (940) 387-9710 TOTAL Lic Capacity: 0	TX Facility ID:	76201	0 0 0 Reg Svcs: (940) 387-7508	ICF/IID: 6	KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018 Owner Information INNOVATIVE OUTCOMES INC 2100 PARKSIDE DR DENTON TX	CORPORATED ,SUITE 100 78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: OAKBEND COMMUNITY RES 1430 N RUDDELL DENTON Phone (940) 387-0831 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: OAKRIDGE GROUP HOME 2421 OAKRIDGE DENTON Phone (940) 387-9710 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	76201	0 0 0 Reg Svcs: (940) 387-7508 0	ICF/IID: 6	KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018 Owner Information INNOVATIVE OUTCOMES INC 2100 PARKSIDE DR DENTON TX PHONE: (940) 383-8367 PROGRAM TYPE: ICF/IID	CORPORATED ,SUITE 100 78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76201 FAX:
Facility Information: OAKBEND COMMUNITY RES 1430 N RUDDELL DENTON Phone (940) 387-0831 TOTAL Lic Capacity: 0	TX Facility ID:	76201	0 0 0 Reg Svcs: (940) 387-7508 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018 Owner Information INNOVATIVE OUTCOMES INC 2100 PARKSIDE DR DENTON TX PHONE: (940) 383-8367	CORPORATED ,SUITE 100
Facility Information: OAKBEND COMMUNITY RES 1430 N RUDDELL DENTON Phone (940) 387-0831 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: OAKRIDGE GROUP HOME 2421 OAKRIDGE DENTON Phone (940) 387-9710 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON	TX Facility ID:	76201	0 0 0 Reg Svcs: (940) 387-7508 0	ICF/IID: 6	KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018 Owner Information INNOVATIVE OUTCOMES INC 2100 PARKSIDE DR DENTON TX PHONE: (940) 383-8367 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019	CORPORATED ,SUITE 100 78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76201 FAX:
Facility Information: OAKBEND COMMUNITY RES 1430 N RUDDELL DENTON Phone (940) 387-0831 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: OAKRIDGE GROUP HOME 2421 OAKRIDGE DENTON Phone (940) 387-9710 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information:	TX Facility ID:	76201	0 0 0 Reg Svcs: (940) 387-7508 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018 Owner Information INNOVATIVE OUTCOMES INC 2100 PARKSIDE DR DENTON TX PHONE: (940) 383-8367 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information	CORPORATED ,SUITE 100
Facility Information: OAKBEND COMMUNITY RES 1430 N RUDDELL DENTON Phone (940) 387-0831 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: OAKRIDGE GROUP HOME 2421 OAKRIDGE DENTON Phone (940) 387-9710 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON	TX Facility ID:	76201	0 0 0 Reg Svcs: (940) 387-7508 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018 Owner Information INNOVATIVE OUTCOMES INC 2100 PARKSIDE DR DENTON TX PHONE: (940) 383-8367 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information INNOVATIVE OUTCOMES INC	CORPORATED ,SUITE 100
Facility Information: OAKBEND COMMUNITY RES 1430 N RUDDELL DENTON Phone (940) 387-0831 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: OAKRIDGE GROUP HOME 2421 OAKRIDGE DENTON Phone (940) 387-9710 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: SANDY OAKS I	TX Facility ID:	76201	0 0 0 Reg Svcs: (940) 387-7508 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018 Owner Information INNOVATIVE OUTCOMES INC 2100 PARKSIDE DR DENTON TX PHONE: (940) 383-8367 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information INNOVATIVE OUTCOMES INC 2100 PARKSIDE DR: 01/01/2019	CORPORATED ,SUITE 100
Facility Information: OAKBEND COMMUNITY RES 1430 N RUDDELL DENTON Phone (940) 387-0831 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: OAKRIDGE GROUP HOME 2421 OAKRIDGE DENTON Phone (940) 387-9710 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: SANDY OAKS I 1475 S TRINITY RD	Facility ID: TX Facility ID:	76201	0 0 0 Reg Svcs: (940) 387-7508 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018 Owner Information INNOVATIVE OUTCOMES INC 2100 PARKSIDE DR DENTON TX PHONE: (940) 383-8367 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information INNOVATIVE OUTCOMES INC 2100 PARKSIDE DR DENTON TX PHONE: (940) 383-8367 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019	CORPORATED ,SUITE 100 ,SUITE 100 ,78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76201 FAX: SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: OAKBEND COMMUNITY RES 1430 N RUDDELL DENTON Phone (940) 387-0831 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: OAKRIDGE GROUP HOME 2421 OAKRIDGE DENTON Phone (940) 387-9710 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: SADDY OAKS I 1475 S TRINITY RD DENTON	Facility ID: TX Facility ID:	76201	0 0 0 Reg Svcs: (940) 387-7508 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018 Owner Information INNOVATIVE OUTCOMES INC 2100 PARKSIDE DR DENTON TX PHONE: (940) 383-8367 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information INNOVATIVE OUTCOMES INC 2100 PARKSIDE DR DENTON TX PHONE: (940) 383-8367 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information INNOVATIVE OUTCOMES INC 2100 PARKSIDE DR DENTON TX PHONE: (940) 383-8367	CORPORATED ,SUITE 100 78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76201 FAX: SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: OAKBEND COMMUNITY RES 1430 N RUDDELL DENTON Phone (940) 387-0831 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: OAKRIDGE GROUP HOME 2421 OAKRIDGE DENTON Phone (940) 387-9710 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: SANDY OAKS I 1475 S TRINITY RD DENTON Phone (940) 383-1907	Facility ID: TX Facility ID:	76201	0 0 0 Reg Svcs: (940) 387-7508 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018 Owner Information INNOVATIVE OUTCOMES INC 2100 PARKSIDE DR DENTON TX PHONE: (940) 383-8367 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information INNOVATIVE OUTCOMES INC 2100 PARKSIDE DR DENTON TX PHONE: (940) 383-8367 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019	CORPORATED ,SUITE 100 ,SUITE 100 ,78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76201 FAX: SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON

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County DENTON Facility Information:	Facility ID:	003837	Reg Svcs:	IID TEAM	Owner Information	Region 03 - ARLINGTON
SANDY OAKS II	racility ib.	003037			INNOVATIVE OUTCOMES INC	
1475 S TRINITY RD					2100 PARKSIDE DR	
DENTON	TX	76208			DENTON TX	76201
Phone (940) 387-1508		Fax	(940) 381-0854		PHONE : (940) 383-8367	FAX:
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 13	PROGRAM TYPE: CF/ D	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:				SERVICE THE PRIVATEET OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/03/2019	
County DENTON			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	007489			Owner Information	
COUNTRY HOME 901 CROSS TIMBERS DR					WANDA D DENT	
DOUBLE OAK	TX	75077			901 CROSS TIMBERS DR	
Phone (972) 539-2557		Fax	(877) 203-9287		DOUBLE OAK TX	75077
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (972) 539-2557	FAX : (877) 203-9287
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 12/18/2017	
County DENTON			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	003886			Owner Information	
LAUREL HOUSE					EDUCARE COMMUNITY LIVING CORPO	DRATION - TEXAS
50 N SHARON DR	TX	76249			9901 LINN STATION RD	
KRUM Phone (817) 482-6400	IX	70249 Fax	(940) 382-9521		LOUISVILLE KY	40223
, ,		TITLE 18:	, ,	ICF/IID: 6	PHONE : (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0		TITLE 10.		ICF/IID. 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 10/01/2017	
		,	-			
County DENTON	F1124 - ID-	002004	Reg Svcs:	IID TEAM	O	Region 03 - ARLINGTON
Facility Information:	Facility ID:	003894	Reg Svcs:	IID TEAM	Owner Information	·
•	Facility ID:	003894	Reg Svcs:	IID TEAM	EDUCARE COMMUNITY LIVING CORPO	·
Facility Information: PINON HOUSE	Facility ID:	003894 76249-6811	Reg Svcs:	IID TEAM	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD	DRATION - TEXAS
Facility Information: PINON HOUSE 4520 MILLER ROAD	·		Reg Svcs:	IID TEAM	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY	DRATION - TEXAS 40223
Facility Information: PINON HOUSE 4520 MILLER ROAD KRUM Phone (817) 387-1265 TOTAL Lic Capacity: 0	·	76249-6811		IID TEAM ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100	DRATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: PINON HOUSE 4520 MILLER ROAD KRUM Phone (817) 387-1265 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	76249-6811 Fax TITLE 18: TITLE19:	0 0		EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	DRATION - TEXAS 40223
Facility Information: PINON HOUSE 4520 MILLER ROAD KRUM Phone (817) 387-1265 TOTAL Lic Capacity: 0	·	76249-6811 Fax TITLE 18:	0 0		EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100	DRATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: PINON HOUSE 4520 MILLER ROAD KRUM Phone (817) 387-1265 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	76249-6811 Fax TITLE 18: TITLE19:	0 0		EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	DRATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: PINON HOUSE 4520 MILLER ROAD KRUM Phone (817) 387-1265 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	76249-6811 Fax TITLE 18: TITLE19:	0 0 0	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
Facility Information: PINON HOUSE 4520 MILLER ROAD KRUM Phone (817) 387-1265 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: PONDEROSA	тх	76249-6811 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017	PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: PINON HOUSE 4520 MILLER ROAD KRUM Phone (817) 387-1265 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information:	тх	76249-6811 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD	PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON DRATION - TEXAS
Facility Information: PINON HOUSE 4520 MILLER ROAD KRUM Phone (817) 387-1265 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: PONDEROSA 9554 RECTOR ROAD	TX Facility ID:	76249-6811	0 0 0	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO	PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON DRATION - TEXAS 40223
Facility Information: PINON HOUSE 4520 MILLER ROAD KRUM Phone (817) 387-1265 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: PONDEROSA 9554 RECTOR ROAD SANGER	TX Facility ID:	76249-6811	0 0 0 Reg Svcs:	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD	PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON DRATION - TEXAS
Facility Information: PINON HOUSE 4520 MILLER ROAD KRUM Phone (817) 387-1265 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: PONDEROSA 9554 RECTOR ROAD SANGER Phone (940) 458-4684	TX Facility ID:	76249-6811	0 0 0 Reg Svcs:	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY	PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON DRATION - TEXAS 40223
Facility Information: PINON HOUSE 4520 MILLER ROAD KRUM Phone (817) 387-1265 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: PONDEROSA 9554 RECTOR ROAD SANGER Phone (940) 458-4684 TOTAL Lic Capacity: 0	TX Facility ID:	76249-6811	0 0 0 Reg Svcs:	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100	PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON DRATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: PINON HOUSE 4520 MILLER ROAD KRUM Phone (817) 387-1265 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: PONDEROSA 9554 RECTOR ROAD SANGER Phone (940) 458-4684 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	76249-6811	0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
Facility Information: PINON HOUSE 4520 MILLER ROAD KRUM Phone (817) 387-1265 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: PONDEROSA 9554 RECTOR ROAD SANGER Phone (940) 458-4684 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	76249-6811	0 0 0 Reg Svcs:	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON DRATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: PINON HOUSE 4520 MILLER ROAD KRUM Phone (817) 387-1265 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: PONDEROSA 9554 RECTOR ROAD SANGER Phone (940) 458-4684 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County EASTLAND	TX Facility ID:	76249-6811	0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/23/2018	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE
Facility Information: PINON HOUSE 4520 MILLER ROAD KRUM Phone (817) 387-1265 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: PONDEROSA 9554 RECTOR ROAD SANGER Phone (940) 458-4684 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County EASTLAND Facility Information: ROCK HOUSE SPRINGS 1105 LAGO VISTA	TX Facility ID: TX Facility ID:	76249-6811	0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/23/2018	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE
Facility Information: PINON HOUSE 4520 MILLER ROAD KRUM Phone (817) 387-1265 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: PONDEROSA 9554 RECTOR ROAD SANGER Phone (940) 458-4684 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County EASTLAND Facility Information: ROCK HOUSE SPRINGS 1105 LAGO VISTA EASTLAND	TX Facility ID:	76249-6811	0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/23/2018	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE
Facility Information: PINON HOUSE 4520 MILLER ROAD KRUM Phone (817) 387-1265 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: PONDEROSA 9554 RECTOR ROAD SANGER Phone (940) 458-4684 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County EASTLAND Facility Information: ROCK HOUSE SPRINGS 1105 LAGO VISTA EASTLAND Phone (254) 629-8671	TX Facility ID: TX Facility ID:	76249-6811	0 0 0 Reg Svcs: 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/23/2018 Owner Information ROCK HOUSE SUPPORT SERVICES IN 2252 LINGLEVILLE ROAD HWY 8	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE
Facility Information: PINON HOUSE 4520 MILLER ROAD KRUM Phone (817) 387-1265 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: PONDEROSA 9554 RECTOR ROAD SANGER Phone (940) 458-4684 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County EASTLAND Facility Information: ROCK HOUSE SPRINGS 1105 LAGO VISTA EASTLAND Phone (254) 629-8671 TOTAL Lic Capacity: 0	TX Facility ID: TX Facility ID:	76249-6811	0 0 0 Reg Svcs: 0 0 0 Reg Svcs: (254) 629-8610	ICF/IID: 6 IID TEAM ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/23/2018 Owner Information ROCK HOUSE SUPPORT SERVICES IN 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE
Facility Information: PINON HOUSE 4520 MILLER ROAD KRUM Phone (817) 387-1265 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County DENTON Facility Information: PONDEROSA 9554 RECTOR ROAD SANGER Phone (940) 458-4684 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County EASTLAND Facility Information: ROCK HOUSE SPRINGS 1105 LAGO VISTA EASTLAND Phone (254) 629-8671	TX Facility ID: TX Facility ID:	76249-6811	0 0 0 Reg Svcs: 0 0 0 Reg Svcs: (254) 629-8610 0	ICF/IID: 6 IID TEAM ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/23/2018 Owner Information ROCK HOUSE SUPPORT SERVICES IN 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE IC 76401 FAX: (254) 965-8653

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County EASTLAND			Reg Svcs:	ICF/IID		Region 02 -	- ABILENE
Facility Information:	Facility ID:	007650	·		Owner Information	· ·	
ROCK HOUSE SPRINGS II					ROCK HOUSE SUPPORT SERVICES INC		
401 LENS EASTLAND	TX	76448			2252 LINGLEVILLE ROAD HWY 8		
Phone (254) 629-8689	17	Fax	(254) 629-8610		STEPHENVILLE TX	76401	
TOTAL Lic Capacity: 0		TITLE 18:	,	ICF/IID: 6	PHONE : (254) 968-4004	FAX:	(254) 965-8653
Cert Alzh Capacity: 0		TITLE19:		10171121	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 08/01/2018		
Owner FOTOR			D 0	IOE/IID	·	Danier 00	ADII ENE
County ECTOR Facility Information:	Facility ID:	003757	Reg Svcs:	ICF/IID	Owner Information	Region 09 -	- ABILENE
MARIAH FLATS	r domity ID.	003/3/			D & S RESIDENTIAL SERVICES LP		
10036 W WESTLAND DR					8911 N CAPITAL OF TX HWY	,BLDG 1 STE 13	300
ODESSA (400) 204 2744	TX	79764	(540) 007 5055		AUSTIN TX	78759	
Phone (432) 381-0741		Fax	(512) 327-5355		PHONE : (512) 327-2325	FAX:	(512) 327-5355
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 10	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:				, 	
PRIVATE Beds: 0		TITLE 18/19:	U		License Exp Dt: 12/01/2017		
County ECTOR			Reg Svcs:	ICF/IID		Region 09 -	- ABILENE
Facility Information:	Facility ID:	003616			Owner Information		
MORRIS HOUSE 5256 MORRIS ST					PERMIAN BASIN MHMR	075 404	
ODESSA	TX	79764			401 E ILLINOIS AVE MIDLAND TX	,STE 401 79701	
Phone (432) 530-2267		Fax					
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (432) 570-3385	FAX:	
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE	GOVERNMENT BASED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt:		
County ECTOR			Reg Svcs:	ICF/IID		Region 09 -	- ABILENE
County ECTOR Facility Information:	Facility ID:	007238	Reg Svcs:	ICF/IID	Owner Information	Region 09 -	ABILENE
Facility Information: PARKER HOUSE	Facility ID:	007238	Reg Svcs:	ICF/IID	Owner Information ROCK HOUSE SUPPORT SERVICES INC	Region 09 -	ABILENE
Facility Information:	Facility ID:	007238 79761	Reg Svcs:	ICF/IID	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8	Ü	
Facility Information: PARKER HOUSE 1510 PARKER DR	•		Reg Svcs:	ICF/IID	ROCK HOUSE SUPPORT SERVICES INC	Region 09 -	
Facility Information: PARKER HOUSE 1510 PARKER DR ODESSA	•	79761	(432) 682-6167	ICF/IID	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8	Ü	
PARKER HOUSE 1510 PARKER DR ODESSA Phone (432) 362-3072	•	79761 Fax	(432) 682-6167 0		ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX	76401 FAX :	
PARKER HOUSE 1510 PARKER DR ODESSA Phone (432) 362-3072 TOTAL Lic Capacity: 0	•	79761 Fax TITLE 18:	(432) 682-6167 0		ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004	76401 FAX :	(254) 965-8653
PARKER HOUSE 1510 PARKER DR ODESSA Phone (432) 362-3072 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	•	79761 Fax TITLE 18: TITLE19:	(432) 682-6167 0 0	ICF/IID: 6	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID	76401 FAX: SERVICE TYPE	(254) 965-8653 PRIVATELY OWNED
PARKER HOUSE 1510 PARKER DR ODESSA Phone (432) 362-3072 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	•	79761 Fax TITLE 18: TITLE19:	(432) 682-6167 0		ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID	76401 FAX: SERVICE TYPE	(254) 965-8653
PACHIEVE INFORMATION: PARKER HOUSE 1510 PARKER DR ODESSA Phone (432) 362-3072 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County EL PASO	тх	79761 Fax TITLE 18: TITLE19: TITLE 18/19:	(432) 682-6167 0 0	ICF/IID: 6	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018	76401 FAX: SERVICE TYPE	(254) 965-8653 PRIVATELY OWNED
Facility Information: PARKER HOUSE 1510 PARKER DR ODESSA Phone (432) 362-3072 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County EL PASO Facility Information: CASA BAGDAD 5713 BAGDAD	TX Facility ID:	79761	(432) 682-6167 0 0	ICF/IID: 6	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information	76401 FAX: SERVICE TYPE	(254) 965-8653 PRIVATELY OWNED
Facility Information: PARKER HOUSE 1510 PARKER DR ODESSA Phone (432) 362-3072 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County EL PASO Facility Information: CASA BAGDAD 5713 BAGDAD EL PASO	тх	79761	(432) 682-6167 0 0 0 Reg Svcs:	ICF/IID: 6	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information EL PASO COMMUNITY MHMR CENTER	76401 FAX: SERVICE TYPE	(254) 965-8653 PRIVATELY OWNED - EL PASO
Facility Information: PARKER HOUSE 1510 PARKER DR ODESSA Phone (432) 362-3072 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County EL PASO Facility Information: CASA BAGDAD 5713 BAGDAD EL PASO Phone (915) 562-5721	TX Facility ID:	79761	(432) 682-6167 0 0 0 Reg Svcs:	ICF/IID: 6	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information EL PASO COMMUNITY MHMR CENTER PO BOX 9997	76401 FAX: SERVICE TYPE Region 10	(254) 965-8653 PRIVATELY OWNED - EL PASO
Facility Information: PARKER HOUSE 1510 PARKER DR ODESSA Phone (432) 362-3072 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County EL PASO Facility Information: CASA BAGDAD 5713 BAGDAD EL PASO Phone (915) 562-5721 TOTAL Lic Capacity: 0	TX Facility ID:	79761	(432) 682-6167 0 0 0 Reg Svcs:	ICF/IID: 6	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information EL PASO COMMUNITY MHMR CENTER PO BOX 9997 EL PASO TX	76401 FAX: SERVICE TYPE Region 10- 79990 FAX:	(254) 965-8653 PRIVATELY OWNED - EL PASO
Facility Information: PARKER HOUSE 1510 PARKER DR ODESSA Phone (432) 362-3072 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County EL PASO Facility Information: CASA BAGDAD 5713 BAGDAD EL PASO Phone (915) 562-5721	TX Facility ID:	79761	(432) 682-6167 0 0 0 Reg Svcs: (915) 351-4703 0	ICF/IID: 6	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information EL PASO COMMUNITY MHMR CENTER PO BOX 9997 EL PASO TX PHONE:	76401 FAX: SERVICE TYPE Region 10- 79990 FAX:	(254) 965-8653 PRIVATELY OWNED - EL PASO
Facility Information: PARKER HOUSE 1510 PARKER DR ODESSA Phone (432) 362-3072 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County EL PASO Facility Information: CASA BAGDAD 5713 BAGDAD EL PASO Phone (915) 562-5721 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	79761	(432) 682-6167 0 0 0 Reg Svcs: (915) 351-4703 0 0	ICF/IID: 6 ICF/IID	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information EL PASO COMMUNITY MHMR CENTER PO BOX 9997 EL PASO TX PHONE: PROGRAM TYPE: ICF/IID	76401 FAX: SERVICE TYPE Region 10- 79990 FAX: SERVICE TYPE	(254) 965-8653 PRIVATELY OWNED EL PASO GOVERNMENT BASED
Facility Information: PARKER HOUSE 1510 PARKER DR ODESSA Phone (432) 362-3072 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County EL PASO Facility Information: CASA BAGDAD 5713 BAGDAD EL PASO Phone (915) 562-5721 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County EL PASO County EL PASO	TX Facility ID:	79761	(432) 682-6167 0 0 0 Reg Svcs: (915) 351-4703 0	ICF/IID: 6	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information EL PASO COMMUNITY MHMR CENTER PO BOX 9997 EL PASO TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt:	76401 FAX: SERVICE TYPE Region 10- 79990 FAX: SERVICE TYPE	(254) 965-8653 PRIVATELY OWNED - EL PASO
Facility Information: PARKER HOUSE 1510 PARKER DR ODESSA Phone (432) 362-3072 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County EL PASO Facility Information: CASA BAGDAD 5713 BAGDAD EL PASO Phone (915) 562-5721 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County EL PASO County EL PASO Facility Information:	TX Facility ID:	79761	(432) 682-6167 0 0 0 Reg Svcs: (915) 351-4703 0 0	ICF/IID: 6 ICF/IID	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information EL PASO COMMUNITY MHMR CENTER PO BOX 9997 EL PASO TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information	76401 FAX: SERVICE TYPE Region 10- 79990 FAX: SERVICE TYPE	(254) 965-8653 PRIVATELY OWNED EL PASO GOVERNMENT BASED
Facility Information: PARKER HOUSE 1510 PARKER DR ODESSA Phone (432) 362-3072 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County EL PASO Facility Information: CASA BAGDAD 5713 BAGDAD EL PASO Phone (915) 562-5721 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County EL PASO County EL PASO	TX Facility ID:	79761	(432) 682-6167 0 0 0 Reg Svcs: (915) 351-4703 0 0	ICF/IID: 6 ICF/IID	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information EL PASO COMMUNITY MHMR CENTER PO BOX 9997 EL PASO TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EL PASO TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt:	76401 FAX: SERVICE TYPE Region 10- 79990 FAX: SERVICE TYPE	(254) 965-8653 PRIVATELY OWNED EL PASO GOVERNMENT BASED
Facility Information: PARKER HOUSE 1510 PARKER DR ODESSA Phone (432) 362-3072 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County EL PASO Facility Information: CASA BAGDAD 5713 BAGDAD EL PASO Phone (915) 562-5721 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County EL PASO Phone (915) 562-5721 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County EL PASO Facility Information: CASA DE LA PROMESA 5310 BLANCO ST EL PASO	TX Facility ID:	79761	(432) 682-6167 0 0 0 Reg Svcs: (915) 351-4703 0 0	ICF/IID: 6 ICF/IID	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information EL PASO COMMUNITY MHMR CENTER PO BOX 9997 EL PASO TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information	76401 FAX: SERVICE TYPE Region 10- 79990 FAX: SERVICE TYPE	(254) 965-8653 PRIVATELY OWNED - EL PASO GOVERNMENT BASED - EL PASO
Facility Information: PARKER HOUSE 1510 PARKER DR ODESSA Phone (432) 362-3072 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County EL PASO Facility Information: CASA BAGDAD 5713 BAGDAD EL PASO Phone (915) 562-5721 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County EL PASO Facility Information: CASA BAGDAD CERT Alzh Capacity: 0 COUNTY EL PASO Facility Information: CASA DE LA PROMESA 5310 BLANCO ST	TX Facility ID: TX Facility ID:	79761	(432) 682-6167 0 0 0 Reg Svcs: (915) 351-4703 0 0	ICF/IID: 6 ICF/IID: 6 ICF/IID: 1	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information EL PASO COMMUNITY MHMR CENTER PO BOX 9997 EL PASO TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EL PASO COMMUNITY MHMR CENTER PO BOX 9997 EL PASO TX	76401 FAX: SERVICE TYPE Region 10 - 79990 FAX: SERVICE TYPE Region 10 - 79990	(254) 965-8653 PRIVATELY OWNED - EL PASO GOVERNMENT BASED - EL PASO
Facility Information: PARKER HOUSE 1510 PARKER DR ODESSA Phone (432) 362-3072 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County EL PASO Facility Information: CASA BAGDAD 5713 BAGDAD EL PASO Phone (915) 562-5721 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County EL PASO Facility Information: CASA DE LA PROMESA 5310 BLANCO ST EL PASO Phone (915) 778-0879 TOTAL Lic Capacity: 0	TX Facility ID: TX Facility ID:	79761	(432) 682-6167 0 0 0 Reg Svcs: (915) 351-4703 0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information EL PASO COMMUNITY MHMR CENTER PO BOX 9997 EL PASO TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EL PASO TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EL PASO COMMUNITY MHMR CENTER PO BOX 9997 EL PASO TX PHONE:	76401 FAX: SERVICE TYPE Region 10- 79990 FAX: SERVICE TYPE Region 10- 79990 FAX:	(254) 965-8653 PRIVATELY OWNED - EL PASO GOVERNMENT BASED - EL PASO
Facility Information: PARKER HOUSE 1510 PARKER DR ODESSA Phone (432) 362-3072 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County EL PASO Facility Information: CASA BAGDAD 5713 BAGDAD EL PASO Phone (915) 562-5721 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County EL PASO Facility Information: CASA DE LA PROMESA 5310 BLANCO ST EL PASO Phone (915) 778-0879	TX Facility ID: TX Facility ID:	79761	(432) 682-6167 0 0 0 Reg Svcs: (915) 351-4703 0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID: 6 ICF/IID: 1	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information EL PASO COMMUNITY MHMR CENTER PO BOX 9997 EL PASO TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EL PASO COMMUNITY MHMR CENTER PO BOX 9997 EL PASO TX	76401 FAX: SERVICE TYPE Region 10- 79990 FAX: SERVICE TYPE Region 10- 79990 FAX:	(254) 965-8653 PRIVATELY OWNED - EL PASO GOVERNMENT BASED - EL PASO

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County EL PASO			Reg Svcs:	ICF/IID		Region 10	- EL PASO
Facility Information:	Facility ID:	003918			Owner Information		
CASA NORTON					EL PASO COMMUNITY MHMR CENTER		
8824 NORTON EL PASO	TX	79904			PO BOX 9997		
Phone (915) 759-2867	17	Fax			EL PASO TX	79990)
TOTAL Lic Capacity: 0		TITLE 18:	٥	ICF/IID: 6	PHONE:	FAX:	
Cert Alzh Capacity: 0		TITLE 19:		IOI/IID. 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE	GOVERNMENT BASED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt:		
County EL PASO			Reg Svcs:	ICF/IID		Region 10	- EL PASO
Facility Information:	Facility ID:	007116	110g 0100.	10171111	Owner Information	rtogion 10	LETAGO
EL PASO STATE SUPPORTE	•				DADS		
6700 DELTA DRIVE		70005			PO BOX 12668		
EL PASO (015) 783 6300	TX	79905 Fax	(045) 792 6226		AUSTIN TX	7871	
Phone (915) 782-6300			(915) 782-6336	1051110 455	PHONE : (512) 454-3761	FAX:	
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 155	PROGRAM TYPE: ICF/IID	SERVICE TYPE	STATE SCHOOL/STATE
Cert Alzh Capacity: 0		TITLE19:	U				CENTER
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt:		
County EL PASO			Reg Svcs:	ICF/IID		Region 10	- EL PASO
Facility Information:	Facility ID:	003873	-		Owner Information		
NEW HOPE COMMUNITY LIV	'ING III				DECEMBER NINE COMPANY LTD		
3204 DUNDEE ST EL PASO	TX	79925			20 FOUNDERS BLVD		
Phone (915) 591-3779	1/4	79925 Fax	(915) 843-7784		EL PASO TX	79906	3
TOTAL Lic Capacity: 0		TITLE 18:	` '	ICF/IID: 6	PHONE : (915) 843-7773	FAX:	(915) 843-7784
Cert Alzh Capacity: 0		TITLE 10:		IOI/IID. 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 03/01/2018		
County EL PASO			Reg Svcs:	ICF/IID	· · · · · · · · · · · · · · · · · · ·	Region 10	- EL PASO
Facility Information:	Facility ID:	003876	Neg Oves.	ICI /IID	Owner Information	rtegion 10	- LL PAGO
NEW HOPE COMMUNITY LIV	•	0000.0			DECEMBER NINE COMPANY LTD		
11608 BLUEBONNET CT					20 FOUNDERS BLVD		
EL PASO (015) 591 3515	TX	79936	(045) 042 7704		EL PASO TX	79906	3
Phone (915) 581-3515		Fax	(915) 843-7784		PHONE : (915) 843-7773	FAX:	(915) 843-7784
TOTAL Lic Capacity: 0		TITLE 18: TITLE19:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED
Cert Alzh Capacity: 0					License Exp Dt: 09/29/2017		
PRIVATE Beds: 0		TITLE 18/19:	U		License Exp Dt: 09/29/2017		
County EL PASO			Reg Svcs:	ICF/IID		Region 10	- EL PASO
Facility Information:	Facility ID:	007299			Owner Information		
NEW HOPE COMMUNITY LIV 4740 ROUND ROCK	IING IX				DECEMBER NINE COMPANY LTD		
EL PASO	TX	79924			20 FOUNDERS BLVD EL PASO TX	79906	3
Phone (915) 843-7773		Fax	(915) 843-7784				
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE: (915) 843-7773	FAX:	(915) 843-7784
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 02/24/2017		
County EL PASO			Reg Svcs:	ICF/IID		Region 10	- EL PASO
Facility Information:	Facility ID:	003877			Owner Information		
NEW HOPE COMMUNITY LIV	ING V				DECEMBER NINE COMPANY LTD		
7721 INCA AVE EL PASO	TX	79912			20 FOUNDERS BLVD		
Phone (915) 833-3479		Fax	(915) 843-7784		EL PASO TX	79906	5
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (915) 843-7773	FAX:	(915) 843-7784
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 03/01/2018		

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County ELLIS Facility Information:	Facility ID:	007532	Reg Svcs:	IID TEAM	Owner Information	Region 03 - ARLINGTON	
BRYN MAWR HOUSE	i acility ID:	001332			CEN-TEX ASSOCIATION FOR RETARDS	D CHILDREN	
109 BRYN MAWR					PO DRAWER 750	D OTHER TEN	
WAXAHACHIE	TX	75165			MEXIA TX	76667	
Phone (972) 923-0748		Fax	(972) 923-1472		PHONE : (254) 562-2891	FAX: (254) 562-7656	
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0		TITLE19:				SERVICE TIPE PRIVATELY OWNED	
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 05/18/2018		
County ELLIS			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON	
Facility Information:	Facility ID:	007592			Owner Information		
ROCK SPRINGS HOUSE					CEN-TEX ASSOCIATION FOR RETARDE	D CHILDREN	
206 ROCK SPRINGS WAXAHACHIE	TX	75165			PO DRAWER 750		
Phone (972) 937-9486		Fax	(972) 923-1472		MEXIA TX	76667	
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (254) 562-2891	FAX: (254) 562-7656	
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 03/10/2018		
County ERATH			Reg Svcs:	IID TEAM		Region 03 - ARI INICTON	
County ERATH Facility Information:	Facility ID:	007373	reg Svcs:	IID I EANI	Owner Information	Region 03 - ARLINGTON	
EAST ROCK	. aomity iD.	00.010			ROCK HOUSE SUPPORT SERVICES INC		
1485 BLACKJACK					2252 LINGLEVILLE ROAD HWY 8		
STEPHENVILLE	TX	76401	/ //		STEPHENVILLE TX	76401	
Phone (254) 968-6119		Fax	(254) 968-6033		PHONE : (254) 968-4004	FAX : (254) 965-8653	
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0		TITLE19:			TROOKAM TITE. TOTALD	SERVICE THE THIVATEET OWNED	
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 11/01/2018		
PRIVATE Beds: 0 County ERATH		TITLE 18/19:	0 Reg Svcs:	IID TEAM	License Exp Dt: 11/01/2018	Region 03 - ARLINGTON	
County ERATH Facility Information:	Facility ID:	007552		IID TEAM	Owner Information	·	
County ERATH Facility Information: HARBIN HOUSE	Facility ID:			IID TEAM	Owner Information ROCK HOUSE SUPPORT SERVICES INC	·	
County ERATH Facility Information:	Facility ID:			IID TEAM	Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8		
County ERATH Facility Information: HARBIN HOUSE 909 HARBIN DR	·	007552		IID TEAM	Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX	76401	
County ERATH Facility Information: HARBIN HOUSE 909 HARBIN DR STEPHENVILLE	·	007552 76401	Reg Svcs: (254) 968-6033	IID TEAM ICF/IID: 6	Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8		
County ERATH Facility Information: HARBIN HOUSE 909 HARBIN DR STEPHENVILLE Phone (254) 965-7016	·	007552 76401 Fax	Reg Svcs: (254) 968-6033		Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX	76401	
County ERATH Facility Information: HARBIN HOUSE 909 HARBIN DR STEPHENVILLE Phone (254) 965-7016 TOTAL Lic Capacity: 0	·	007552 76401 Fax TITLE 18:	Reg Svcs: (254) 968-6033 0		Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004	76401 FAX: (254) 965-8653	
County ERATH Facility Information: HARBIN HOUSE 909 HARBIN DR STEPHENVILLE Phone (254) 965-7016 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	007552 76401 Fax TITLE 18: TITLE19:	Reg Svcs: (254) 968-6033 0 0		Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID	76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED	
County ERATH Facility Information: HARBIN HOUSE 909 HARBIN DR STEPHENVILLE Phone (254) 965-7016 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	007552 76401 Fax TITLE 18: TITLE19:	Reg Svcs: (254) 968-6033 0	ICF/IID: 6	Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID	76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED	
County ERATH Facility Information: HARBIN HOUSE 909 HARBIN DR STEPHENVILLE Phone (254) 965-7016 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County ERATH	тх	007552 76401 Fax TITLE 18: TITLE19: TITLE 18/19:	Reg Svcs: (254) 968-6033 0 0	ICF/IID: 6	Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2018	76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON	
County ERATH Facility Information: HARBIN HOUSE 909 HARBIN DR STEPHENVILLE Phone (254) 965-7016 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County ERATH Facility Information: NORTH ROCK 1 2250 LINGLEVILLE RD	TX Facility ID:	007552 76401 Fax TITLE 18: TITLE19: TITLE 18/19:	Reg Svcs: (254) 968-6033 0 0	ICF/IID: 6	Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2018 Owner Information	76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON	
County ERATH Facility Information: HARBIN HOUSE 909 HARBIN DR STEPHENVILLE Phone (254) 965-7016 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County ERATH Facility Information: NORTH ROCK 1 2250 LINGLEVILLE RD STEPHENVILLE	тх	007552 76401 Fax TITLE 18: TITLE 19: 003788 76401	Reg Svcs: (254) 968-6033 0 0 Reg Svcs:	ICF/IID: 6	Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INC	76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON	
County ERATH Facility Information: HARBIN HOUSE 909 HARBIN DR STEPHENVILLE Phone (254) 965-7016 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County ERATH Facility Information: NORTH ROCK 1 2250 LINGLEVILLE RD STEPHENVILLE Phone (254) 965-6936	TX Facility ID:	007552 76401 Fax TITLE 18: TITLE 19: TITLE 18/19: 003788 76401 Fax	Reg Svcs: (254) 968-6033 0 0 Reg Svcs:	ICF/IID: 6	Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8	76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON	
County ERATH Facility Information: HARBIN HOUSE 909 HARBIN DR STEPHENVILLE Phone (254) 965-7016 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County ERATH Facility Information: NORTH ROCK 1 2250 LINGLEVILLE RD STEPHENVILLE Phone (254) 965-6936 TOTAL Lic Capacity: 0	TX Facility ID:	007552 76401 Fax TITLE 18: TITLE 18/19: 003788 76401 Fax TITLE 18:	Reg Svcs: (254) 968-6033 0 0 Reg Svcs: (254) 968-6033 0	ICF/IID: 6	Owner Information ROCK HOUSE SUPPORT SERVICES INCE 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INCE 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX	76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76401	
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County ERATH Facility Information: HARBIN HOUSE 909 HARBIN DR STEPHENVILLE Phone (254) 965-7016 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County ERATH Facility Information: NORTH ROCK 1 2250 LINGLEVILLE RD STEPHENVILLE Phone (254) 965-6936 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County ERATH Facility Information: NORTH ROCK 1 COUNTY ERATH COUNTY ERATH Phone (254) 965-6936 COUNTY ERATH Facility Information: NORTH ROCK 2	TX Facility ID:	007552 76401 Fax TITLE 18: TITLE 19: TITLE 18/19: 003788 76401 Fax TITLE 18: TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	Reg Svcs: (254) 968-6033 0 0 Reg Svcs: (254) 968-6033 0 0 0	ICF/IID: 6 IID TEAM ICF/IID: 13	Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8	76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON	
County ERATH Facility Information: HARBIN HOUSE 909 HARBIN DR STEPHENVILLE Phone (254) 965-7016 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County ERATH Facility Information: NORTH ROCK 1 2250 LINGLEVILLE RD STEPHENVILLE Phone (254) 965-6936 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County ERATH Facility Information: NORTH ROCK 2 2248 LINGLEVILLE ROAD	TX Facility ID: TX Facility ID:	007552 76401 Fax TITLE 18: TITLE 19: TITLE 18/19: 003788 76401 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	Reg Svcs: (254) 968-6033 0 0 Reg Svcs: (254) 968-6033 0 0 0	ICF/IID: 6 IID TEAM ICF/IID: 13	Owner Information ROCK HOUSE SUPPORT SERVICES INCE 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INCE 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INCE 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX Owner Information ROCK HOUSE SUPPORT SERVICES INCE 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX	76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON	_
County ERATH Facility Information: HARBIN HOUSE 909 HARBIN DR STEPHENVILLE Phone (254) 965-7016 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County ERATH Facility Information: NORTH ROCK 1 2250 LINGLEVILLE RD STEPHENVILLE Phone (254) 965-6936 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County ERATH Facility Information: NORTH ROCK 1 2250 LINGLEVILLE RD STEPHENVILLE Phone (254) 965-6936 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County ERATH Facility Information: NORTH ROCK 2 2248 LINGLEVILLE ROAD STEPHENVILLE	TX Facility ID: TX Facility ID:	007552 76401 Fax TITLE 18: TITLE 19: TITLE 18/19: 003788 76401 Fax TITLE 18: TITLE 18: TITLE 18/19: 003824 76401	Reg Svcs: (254) 968-6033 0 0 Reg Svcs: (254) 968-6033 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 13	Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004	76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76401 FAX: (254) 965-8653	
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Wednesday, January 04, 2017 Page 45 of 138

County ERATH			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	003761	. tog 0 100.		Owner Information	. tog.o
ROCK HOUSE	•				ROCK HOUSE SUPPORT SERVICES INC	
2254 LINGLEVILLE RD STEPHENVILLE	TX	76401			2252 LINGLEVILLE ROAD HWY 8	
Phone (254) 965-6915	1/4	Fax	(254) 968-6033		STEPHENVILLE TX	76401
TOTAL Lic Capacity: 0		TITLE 18:	, ,	ICF/IID: 13	PHONE : (254) 968-4004	FAX : (254) 965-8653
Cert Alzh Capacity: 0		TITLE 19:		IOTAID. 15	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 11/01/2018	
County ERATH			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	003766	Reg Svcs.	IID I EAW	Owner Information	Region 03 - ARLINGTON
ROCK HOUSE 2		000700			ROCK HOUSE SUPPORT SERVICES INC	
2326 DENMAN ST					2252 LINGLEVILLE ROAD HWY 8	
STEPHENVILLE	TX	76401	(054) 000 0000		STEPHENVILLE TX	76401
Phone (254) 968-6357		Fax	(254) 968-6033		PHONE : (254) 968-4004	FAX: (254) 965-8653
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 13	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:				
PRIVATE Beds: 0		TITLE 18/19:	U		License Exp Dt: 11/01/2018	
County ERATH			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	007423			Owner Information	
WARM SPRINGS 788 N NEBLETT					ROCK HOUSE SUPPORT SERVICES INC	
STEPHENVILLE	TX	76401			2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX	76401
Phone (254) 965-2659		Fax	(254) 968-6033			
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	() ,	,
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 11/01/2018	
County FALLS			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	007515	Reg Svcs:	IID (AUSTIN REGION)	Owner Information	v
Facility Information: KIOWA HOUSE	Facility ID:	007515	Reg Svcs:	IID (AUSTIN REGION)	Owner Information CEN-TEX ASSOCIATION FOR RETARDED	v
Facility Information:	Facility ID:	007515 76661	Reg Svcs:	IID (AUSTIN REGION)	Owner Information CEN-TEX ASSOCIATION FOR RETARDED PO DRAWER 750) CHILDREN
Facility Information: KIOWA HOUSE 1606 ROBERT E LEE	·		Reg Svcs:	IID (AUSTIN REGION)	Owner Information CEN-TEX ASSOCIATION FOR RETARDED PO DRAWER 750 MEXIA TX	CHILDREN 76667
Facility Information: KIOWA HOUSE 1606 ROBERT E LEE MARLIN	·	76661	(254) 562-7656	IID (AUSTIN REGION) ICF/IID: 6	Owner Information CEN-TEX ASSOCIATION FOR RETARDED PO DRAWER 750 MEXIA TX PHONE: (254) 562-2891	76667 FAX: (254) 562-7656
Facility Information: KIOWA HOUSE 1606 ROBERT E LEE MARLIN Phone (254) 804-0047	·	76661 Fax	(254) 562-7656 0		Owner Information CEN-TEX ASSOCIATION FOR RETARDED PO DRAWER 750 MEXIA TX	CHILDREN 76667
Facility Information: KIOWA HOUSE 1606 ROBERT E LEE MARLIN Phone (254) 804-0047 TOTAL Lic Capacity: 0	·	76661 Fax TITLE 18:	(254) 562-7656 0		Owner Information CEN-TEX ASSOCIATION FOR RETARDED PO DRAWER 750 MEXIA TX PHONE: (254) 562-2891	76667 FAX: (254) 562-7656
Facility Information: KIOWA HOUSE 1606 ROBERT E LEE MARLIN Phone (254) 804-0047 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	76661 Fax TITLE 18: TITLE19:	(254) 562-7656 0		Owner Information CEN-TEX ASSOCIATION FOR RETARDED PO DRAWER 750 MEXIA TX PHONE: (254) 562-2891 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017	76667 FAX: (254) 562-7656
Facility Information: KIOWA HOUSE 1606 ROBERT E LEE MARLIN Phone (254) 804-0047 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	76661 Fax TITLE 18: TITLE19:	(254) 562-7656 0 0	ICF/IID: 6	Owner Information CEN-TEX ASSOCIATION FOR RETARDED PO DRAWER 750 MEXIA TX PHONE: (254) 562-2891 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017	76667 FAX: (254) 562-7656 SERVICE TYPE PRIVATELY OWNED
Facility Information: KIOWA HOUSE 1606 ROBERT E LEE MARLIN Phone (254) 804-0047 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FAYETTE Facility Information: GUY HOUSE	тх	76661 Fax TITLE 18: TITLE19: TITLE 18/19:	(254) 562-7656 0 0	ICF/IID: 6	Owner Information CEN-TEX ASSOCIATION FOR RETARDED PO DRAWER 750 MEXIA TX PHONE: (254) 562-2891 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017	76667 FAX: (254) 562-7656 SERVICE TYPE PRIVATELY OWNED
Facility Information: KIOWA HOUSE 1606 ROBERT E LEE MARLIN Phone (254) 804-0047 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FAYETTE Facility Information:	тх	76661 Fax TITLE 18: TITLE19: TITLE 18/19:	(254) 562-7656 0 0	ICF/IID: 6	CEN-TEX ASSOCIATION FOR RETARDED PO DRAWER 750 MEXIA TX PHONE: (254) 562-2891 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information JAMES-LEACH INC 339 W COLORADO	76667 FAX: (254) 562-7656 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: KIOWA HOUSE 1606 ROBERT E LEE MARLIN Phone (254) 804-0047 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FAYETTE Facility Information: GUY HOUSE 169 GUY STREET	TX Facility ID:	76661 Fax TITLE 18: TITLE19: TITLE 18/19:	(254) 562-7656 0 0	ICF/IID: 6	Owner Information CEN-TEX ASSOCIATION FOR RETARDED PO DRAWER 750 MEXIA TX PHONE: (254) 562-2891 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information JAMES-LEACH INC	76667 FAX: (254) 562-7656 SERVICE TYPE PRIVATELY OWNED
Facility Information: KIOWA HOUSE 1606 ROBERT E LEE MARLIN Phone (254) 804-0047 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FAYETTE Facility Information: GUY HOUSE 169 GUY STREET LA GRANGE	TX Facility ID:	76661 Fax TITLE 18: TITLE19: TITLE 18/19: 007632 78945	(254) 562-7656 0 0 0 Reg Svcs:	ICF/IID: 6	CEN-TEX ASSOCIATION FOR RETARDED PO DRAWER 750 MEXIA TX PHONE: (254) 562-2891 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information JAMES-LEACH INC 339 W COLORADO	76667 FAX: (254) 562-7656 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: KIOWA HOUSE 1606 ROBERT E LEE MARLIN Phone (254) 804-0047 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FAYETTE Facility Information: GUY HOUSE 169 GUY STREET LA GRANGE Phone (979) 968-8068	TX Facility ID:	76661 Fax TITLE 18: TITLE 19: TITLE 18/19: 007632 78945 Fax	(254) 562-7656 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION)	Owner Information CEN-TEX ASSOCIATION FOR RETARDED PO DRAWER 750 MEXIA TX PHONE: (254) 562-2891 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE TX	76667 FAX: (254) 562-7656 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: KIOWA HOUSE 1606 ROBERT E LEE MARLIN Phone (254) 804-0047 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FAYETTE Facility Information: GUY HOUSE 169 GUY STREET LA GRANGE Phone (979) 968-8068 TOTAL Lic Capacity: 0	TX Facility ID:	76661 Fax TITLE 18: TITLE 19: TITLE 18/19: 007632 78945 Fax TITLE 18:	(254) 562-7656 0 0 0 Reg Svcs: (979) 968-5210 0	ICF/IID: 6 IID (AUSTIN REGION)	Owner Information CEN-TEX ASSOCIATION FOR RETARDED PO DRAWER 750 MEXIA TX PHONE: (254) 562-2891 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE TX PHONE: (979) 968-8502	76667 FAX: (254) 562-7656 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN 78945 FAX: (979) 968-5210
Facility Information: KIOWA HOUSE 1606 ROBERT E LEE MARLIN Phone (254) 804-0047 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County FAYETTE Facility Information: GUY HOUSE 169 GUY STREET LA GRANGE Phone (979) 968-8068 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	76661	(254) 562-7656 0 0 0 Reg Svcs: (979) 968-5210 0	ICF/IID: 6 IID (AUSTIN REGION)	CEN-TEX ASSOCIATION FOR RETARDED PO DRAWER 750 MEXIA TX PHONE: (254) 562-2891 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE TX PHONE: (979) 968-8502 PROGRAM TYPE: ICF/IID License Exp Dt: 11/07/2018	76667 FAX: (254) 562-7656 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN 78945 FAX: (979) 968-5210
Facility Information: KIOWA HOUSE 1606 ROBERT E LEE MARLIN Phone (254) 804-0047 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County FAYETTE Facility Information: GUY HOUSE 169 GUY STREET LA GRANGE Phone (979) 968-8068 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	76661	(254) 562-7656 0 0 0 Reg Svcs: (979) 968-5210 0 0	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	CEN-TEX ASSOCIATION FOR RETARDED PO DRAWER 750 MEXIA TX PHONE: (254) 562-2891 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE TX PHONE: (979) 968-8502 PROGRAM TYPE: ICF/IID License Exp Dt: 11/07/2018	76667 FAX: (254) 562-7656 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN 78945 FAX: (979) 968-5210 SERVICE TYPE PRIVATELY OWNED
Facility Information: KIOWA HOUSE 1606 ROBERT E LEE MARLIN Phone (254) 804-0047 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FAYETTE Facility Information: GUY HOUSE 169 GUY STREET LA GRANGE Phone (979) 968-8068 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FAYETTE Facility Information: MAIN STREET COMMUNITY F	TX Facility ID: TX Facility ID:	76661 Fax TITLE 18: TITLE19: TITLE 18/19: 007632 78945 Fax TITLE 18: TITLE 19: TITLE 18/19:	(254) 562-7656 0 0 0 Reg Svcs: (979) 968-5210 0 0	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information CEN-TEX ASSOCIATION FOR RETARDED PO DRAWER 750 MEXIA TX PHONE: (254) 562-2891 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE TX PHONE: (979) 968-8502 PROGRAM TYPE: ICF/IID License Exp Dt: 11/07/2018	76667 FAX: (254) 562-7656 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN 78945 FAX: (979) 968-5210 SERVICE TYPE PRIVATELY OWNED
Facility Information: KIOWA HOUSE 1606 ROBERT E LEE MARLIN Phone (254) 804-0047 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County FAYETTE Facility Information: GUY HOUSE 169 GUY STREET LA GRANGE Phone (979) 968-8068 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FAYETTE Facility Information: MAIN STREET COMMUNITY FA	Facility ID: TX Facility ID: RESIDENCE	76661 Fax TITLE 18: TITLE19: TITLE 18/19: 007632 78945 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	(254) 562-7656 0 0 0 Reg Svcs: (979) 968-5210 0 0	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information CEN-TEX ASSOCIATION FOR RETARDED PO DRAWER 750 MEXIA TX PHONE: (254) 562-2891 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE TX PHONE: (979) 968-8502 PROGRAM TYPE: ICF/IID License Exp Dt: 11/07/2018	76667 FAX: (254) 562-7656 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN 78945 FAX: (979) 968-5210 SERVICE TYPE PRIVATELY OWNED
Facility Information: KIOWA HOUSE 1606 ROBERT E LEE MARLIN Phone (254) 804-0047 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FAYETTE Facility Information: GUY HOUSE 169 GUY STREET LA GRANGE Phone (979) 968-8068 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FAYETTE Facility Information: MAIN STREET COMMUNITY F	TX Facility ID: TX Facility ID:	76661 Fax TITLE 18: TITLE19: TITLE 18/19: 007632 78945 Fax TITLE 18: TITLE 19: TITLE 18/19:	(254) 562-7656 0 0 0 Reg Svcs: (979) 968-5210 0 0	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information CEN-TEX ASSOCIATION FOR RETARDED PO DRAWER 750 MEXIA TX PHONE: (254) 562-2891 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE TX PHONE: (979) 968-8502 PROGRAM TYPE: ICF/IID License Exp Dt: 11/07/2018 Owner Information KENMAR RESIDENTIAL SERVICES INCORP	76667 FAX: (254) 562-7656 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN 78945 FAX: (979) 968-5210 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: KIOWA HOUSE 1606 ROBERT E LEE MARLIN Phone (254) 804-0047 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FAYETTE Facility Information: GUY HOUSE 169 GUY STREET LA GRANGE Phone (979) 968-8068 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FAYETTE Facility Information: MAIN STREET COMMUNITY F520 N MAIN LA GRANGE Phone (409) 968-6188	Facility ID: TX Facility ID: RESIDENCE	76661	(254) 562-7656 0 0 0 Reg Svcs: (979) 968-5210 0 0 0	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6 IID (AUSTIN REGION)	Owner Information CEN-TEX ASSOCIATION FOR RETARDED PO DRAWER 750 MEXIA TX PHONE: (254) 562-2891 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE TX PHONE: (979) 968-8502 PROGRAM TYPE: ICF/IID License Exp Dt: 11/07/2018 Owner Information KENMAR RESIDENTIAL SERVICES INCOMES 33 CYPRESS BLVD	76667 FAX: (254) 562-7656 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN 78945 FAX: (979) 968-5210 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: KIOWA HOUSE 1606 ROBERT E LEE MARLIN Phone (254) 804-0047 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FAYETTE Facility Information: GUY HOUSE 169 GUY STREET LA GRANGE Phone (979) 968-8068 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FAYETTE Facility Information: MAIN STREET COMMUNITY FAYETTE 520 N MAIN LA GRANGE	Facility ID: TX Facility ID: RESIDENCE	76661	(254) 562-7656 0 0 0 Reg Svcs: (979) 968-5210 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information CEN-TEX ASSOCIATION FOR RETARDED PO DRAWER 750 MEXIA TX PHONE: (254) 562-2891 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE TX PHONE: (979) 968-8502 PROGRAM TYPE: ICF/IID License Exp Dt: 11/07/2018 Owner Information KENMAR RESIDENTIAL SERVICES INCOMES AS CYPRESS BLVD ROUND ROCK TX	76667 FAX: (254) 562-7656 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN 78945 FAX: (979) 968-5210 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN RPORATED ,SUITE 100 78665
Facility Information: KIOWA HOUSE 1606 ROBERT E LEE MARLIN Phone (254) 804-0047 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County FAYETTE Facility Information: GUY HOUSE 169 GUY STREET LA GRANGE Phone (979) 968-8068 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County FAYETTE Facility Information: GUY HOUSE 169 GUY STREET LA GRANGE Phone (979) 968-8068 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County FAYETTE Facility Information: MAIN STREET COMMUNITY FEACH STANGE Phone (409) 968-6188 TOTAL Lic Capacity: 0	Facility ID: TX Facility ID: RESIDENCE	76661	(254) 562-7656 0 0 0 Reg Svcs: (979) 968-5210 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6 IID (AUSTIN REGION)	Owner Information CEN-TEX ASSOCIATION FOR RETARDED PO DRAWER 750 MEXIA TX PHONE: (254) 562-2891 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE TX PHONE: (979) 968-8502 PROGRAM TYPE: ICF/IID License Exp Dt: 11/07/2018 Owner Information KENMAR RESIDENTIAL SERVICES INCOMATION OF THE PROGRAM TYPE: ICF/IID LICENSE SELVD ROUND ROCK TX PHONE: (512) 336-0800	76667 FAX: (254) 562-7656 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN 78945 FAX: (979) 968-5210 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN RPORATED ,SUITE 100 ,78665 FAX: (512) 336-0812

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County FAYETTE			Dog Cyas:	IID (ALICTINI DECIONI)		Region 07 - AUSTIN
County FAYETTE Facility Information:	Facility ID:	007227	Reg Svcs:	IID (AUSTIN REGION)	Owner Information	Region 07 - AUSTIN
MONROE COMMUNITY RESI	•				KENMAR RESIDENTIAL SERVICES INC	CORPORATED
842 N MONROE					33 CYPRESS BLVD	,SUITE 100
LA GRANGE	TX	78945	(070) 000 0004		ROUND ROCK TX	78665
Phone (979) 968-8821		Fax	(979) 968-8821		PHONE : (512) 336-0800	FAX : (512) 336-0812
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:				SERVICE TIPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 03/15/2018	
County FAYETTE			Reg Svcs:	IID (AUSTIN REGION)	1	Region 07 - AUSTIN
Facility Information:	Facility ID:	003678			Owner Information	
SHADY LANE COMMUNITY R	ESIDENCE				KENMAR RESIDENTIAL SERVICES INC	CORPORATED
124 MEADOW LN LA GRANGE	TX	78945			33 CYPRESS BLVD	,SUITE 100
Phone (979) 968-8822		Fax			ROUND ROCK TX	78665
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (512) 336-0800	FAX: (512) 336-0812
Cert Alzh Capacity: 0		TITLE 19:		IOTAID. 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 03/15/2018	
					<u> </u>	
County FAYETTE	- 111	007070	Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	007672			Owner Information	LIMD
FELICE SCHWARTZ COMMUI 2011 W US HWY 90	NITY RESIDEN	1CE			BLUEBONNET TRAILS COMMUNITY MI	нмк
SCHULENBURG	TX	78956			1111 TX	
Phone (409) 743-4490		Fax				
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE:	FAX:
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt:	
County FAYETTE			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	007673	-	·	Owner Information	-
HIRSH SCHWARTZ COMMUN	ITY RESIDEN	CE			BLUEBONNET TRAILS COMMUNITY M	HMR
2021 W US HWY 90 SCHULENBURG	TX	78956			1111	
Phone (409) 743-4488	17	Fax			TX	
,		I ux				
TOTAL Lic Capacity: 0		TITL F 40.	0	IOF/IID. C	PHONE:	FAX:
· •		TITLE 18:		ICF/IID: 6		FAX: SERVICE TYPE GOVERNMENT BASED
Cert Alzh Capacity: 0		TITLE19:	0	ICF/IID: 6	PHONE: PROGRAM TYPE: ICF/IID	
· •			0	ICF/IID: 6	PHONE:	
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FAYETTE		TITLE19: TITLE 18/19:	0	ICF/IID: 6 IID (AUSTIN REGION)	PHONE: PROGRAM TYPE: ICF/IID License Exp Dt:	
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FAYETTE Facility Information:	Facility ID:	TITLE19:	0		PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information	SERVICE TYPE GOVERNMENT BASED
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FAYETTE Facility Information: JUSTICE HOUSE	Facility ID:	TITLE19: TITLE 18/19:	0		PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information JAMES-LEACH INC	SERVICE TYPE GOVERNMENT BASED
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FAYETTE Facility Information:	Facility ID:	TITLE19: TITLE 18/19:	0		PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information JAMES-LEACH INC 339 W COLORADO	SERVICE TYPE GOVERNMENT BASED Region 07 - AUSTIN
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FAYETTE Facility Information: JUSTICE HOUSE 706 JUSTICE RD	·	TITLE 19: TITLE 18/19: 007630	0		PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE TX	SERVICE TYPE GOVERNMENT BASED Region 07 - AUSTIN 78945
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FAYETTE Facility Information: JUSTICE HOUSE 706 JUSTICE RD WEST POINT	·	TITLE 18/19: 007630 78963	0 0 Reg Svcs: (979) 968-5210		PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information JAMES-LEACH INC 339 W COLORADO	SERVICE TYPE GOVERNMENT BASED Region 07 - AUSTIN
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FAYETTE Facility Information: JUSTICE HOUSE 706 JUSTICE RD WEST POINT Phone (979) 242-3613	·	TITLE19: TITLE 18/19: 007630 78963 Fax	0 0 Reg Svcs: (979) 968-5210	IID (AUSTIN REGION)	PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE TX	SERVICE TYPE GOVERNMENT BASED Region 07 - AUSTIN 78945
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FAYETTE Facility Information: JUSTICE HOUSE 706 JUSTICE RD WEST POINT Phone (979) 242-3613 TOTAL Lic Capacity: 0	·	TITLE 19: TITLE 18/19: 007630 78963 Fax TITLE 18:	0 0 Reg Svcs: (979) 968-5210 0	IID (AUSTIN REGION)	PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE TX PHONE: (979) 968-8502	SERVICE TYPE GOVERNMENT BASED Region 07 - AUSTIN 78945 FAX: (979) 968-5210
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FAYETTE Facility Information: JUSTICE HOUSE 706 JUSTICE RD WEST POINT Phone (979) 242-3613 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	TITLE 18/19: 007630 78963 Fax TITLE 18: TITLE 19:	0 0 Reg Svcs: (979) 968-5210 0 0	IID (AUSTIN REGION) ICF/IID: 6	PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE TX PHONE: (979) 968-8502 PROGRAM TYPE: ICF/IID	Region 07 - AUSTIN 78945 FAX: (979) 968-5210 SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FAYETTE Facility Information: JUSTICE HOUSE 706 JUSTICE RD WEST POINT Phone (979) 242-3613 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FISHER	TX	TITLE 18/19: 007630 78963 Fax TITLE 18: TITLE 19: TITLE 18/19:	0 0 Reg Svcs: (979) 968-5210 0	IID (AUSTIN REGION)	PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE TX PHONE: (979) 968-8502 PROGRAM TYPE: ICF/IID License Exp Dt: 10/07/2018	SERVICE TYPE GOVERNMENT BASED Region 07 - AUSTIN 78945 FAX: (979) 968-5210
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FAYETTE Facility Information: JUSTICE HOUSE 706 JUSTICE RD WEST POINT Phone (979) 242-3613 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FISHER Facility Information:	·	TITLE 18/19: 007630 78963 Fax TITLE 18: TITLE 19:	0 0 Reg Svcs: (979) 968-5210 0 0	IID (AUSTIN REGION) ICF/IID: 6	PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE TX PHONE: (979) 968-8502 PROGRAM TYPE: ICF/IID License Exp Dt: 10/07/2018	Region 07 - AUSTIN 78945 FAX: (979) 968-5210 SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FAYETTE Facility Information: JUSTICE HOUSE 706 JUSTICE RD WEST POINT Phone (979) 242-3613 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FISHER	TX	TITLE 18/19: 007630 78963 Fax TITLE 18: TITLE 19: TITLE 18/19:	0 0 Reg Svcs: (979) 968-5210 0 0	IID (AUSTIN REGION) ICF/IID: 6	PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE TX PHONE: (979) 968-8502 PROGRAM TYPE: ICF/IID License Exp Dt: 10/07/2018 Owner Information ANGEL CARE INC	Region 07 - AUSTIN 78945 FAX: (979) 968-5210 SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FAYETTE Facility Information: JUSTICE HOUSE 706 JUSTICE RD WEST POINT Phone (979) 242-3613 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FISHER Facility Information: ANGEL HOUSE I 410 RICHARD ROTAN	TX	TITLE 19: 007630 78963 Fax TITLE 18: TITLE 19: TITLE 18/19: 007267	0 0 Reg Svcs: (979) 968-5210 0 0 Reg Svcs:	IID (AUSTIN REGION) ICF/IID: 6	PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE TX PHONE: (979) 968-8502 PROGRAM TYPE: ICF/IID License Exp Dt: 10/07/2018 Owner Information ANGEL CARE INC PO BOX 310	Region 07 - AUSTIN 78945 FAX: (979) 968-5210 SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FAYETTE Facility Information: JUSTICE HOUSE 706 JUSTICE RD WEST POINT Phone (979) 242-3613 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FISHER Facility Information: ANGEL HOUSE I 410 RICHARD	TX Facility ID:	TITLE 19: 007630 78963 Fax TITLE 18: TITLE 19: TITLE 18/19:	0 0 Reg Svcs: (979) 968-5210 0 0	IID (AUSTIN REGION) ICF/IID: 6	PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE TX PHONE: (979) 968-8502 PROGRAM TYPE: ICF/IID License Exp Dt: 10/07/2018 Owner Information ANGEL CARE INC PO BOX 310 ROTAN TX	SERVICE TYPE GOVERNMENT BASED Region 07 - AUSTIN 78945 FAX: (979) 968-5210 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE 79546
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FAYETTE Facility Information: JUSTICE HOUSE 706 JUSTICE RD WEST POINT Phone (979) 242-3613 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FISHER Facility Information: ANGEL HOUSE I 410 RICHARD ROTAN	TX Facility ID:	TITLE 19: 007630 78963 Fax TITLE 18: TITLE 19: TITLE 18/19: 007267	0 0 Reg Svcs: (979) 968-5210 0 0 0 Reg Svcs:	IID (AUSTIN REGION) ICF/IID: 6	PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE TX PHONE: (979) 968-8502 PROGRAM TYPE: ICF/IID License Exp Dt: 10/07/2018 Owner Information ANGEL CARE INC PO BOX 310 ROTAN TX PHONE: (325) 735-2512	SERVICE TYPE GOVERNMENT BASED Region 07 - AUSTIN 78945 FAX: (979) 968-5210 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE 79546 FAX: (325) 735-3357
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FAYETTE Facility Information: JUSTICE HOUSE 706 JUSTICE RD WEST POINT Phone (979) 242-3613 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FISHER Facility Information: ANGEL HOUSE I 410 RICHARD ROTAN Phone (325) 735-2049	TX Facility ID:	TITLE 19: TITLE 18/19: 007630 78963 Fax TITLE 18: TITLE 19: TITLE 18/19: 007267 79546 Fax	0 0 Reg Svcs: (979) 968-5210 0 0 0 Reg Svcs: (325) 735-3357	IID (AUSTIN REGION) ICF/IID: 6 ICF/IID	PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE TX PHONE: (979) 968-8502 PROGRAM TYPE: ICF/IID License Exp Dt: 10/07/2018 Owner Information ANGEL CARE INC PO BOX 310 ROTAN TX	SERVICE TYPE GOVERNMENT BASED Region 07 - AUSTIN 78945 FAX: (979) 968-5210 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE 79546

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County FISHER			Reg Svcs:	ICF/IID		Region 02 - ABILENE
Facility Information:	Facility ID:	007463	. tog 0100.	10.7.15	Owner Information	109.01. 02 7.5.22.12
ANGEL HOUSE II					ANGEL CARE INC	
712 E 6TH ST		70510			PO BOX 310	
ROTAN (225) 725 2000	TX	79546 Fax	(225) 725 2257		ROTAN TX	79546
Phone (325) 735-2099			(325) 735-3357		PHONE : (325) 735-2512	FAX: (325) 735-3357
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0 PRIVATE Beds: 0		TITLE19: TITLE 18/19:				
PRIVATE Beas: 0		111LE 10/19:	U		License Exp Dt: 09/17/2017	
County FORT BEND			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	007521			Owner Information	
HOUSTON IN A VISION II 3203 CYPRESS POINT DRIVE					HOUSTON IN-A-VISION INC	
MISSOURI CITY	TX	77459			3203 CYPRESS POINT DRIVE MISSOURI CITY TX	77459
Phone (281) 416-0607		Fax	(713) 271-8585			
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE: (281) 416-0607	FAX: (713) 271-8585
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 09/01/2017	
County FORT BEND			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	100346	· ·		Owner Information	•
BTTC PIN OAK HOUSE					DADS	
1818 COLLINS RD BLDG A	TV	77460			PO BOX 12668	
RICHMOND Phone (281) 239-1122	TX	77469 Fax	(281) 239-1144		AUSTIN TX	78711
			, ,	IOF/IID. C	PHONE : (512) 454-3761	FAX:
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0		TITLE 18: TITLE19:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt:	
TRIVATE Deus. 0		111LL 10/13.	U		License Lxp Dt.	
County FORT BEND			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	100373	Reg Svcs:	UNIT 21 (ICF/MR)	Owner Information	Region 06 - HOUSTON
Facility Information: BTTC WILLOW GLEN HOUSE	Facility ID:	100373	Reg Svcs:	UNIT 21 (ICF/MR)	DADS	Region 06 - HOUSTON
Facility Information:	Facility ID:	100373 77469	Reg Svcs:	UNIT 21 (ICF/MR)	DADS PO BOX 12668	Ü
Facility Information: BTTC WILLOW GLEN HOUSE 1818 COLLINS RD BLDG B	·		Reg Svcs: (281) 239-1144	UNIT 21 (ICF/MR)	DADS PO BOX 12668 AUSTIN TX	78711
Facility Information: BTTC WILLOW GLEN HOUSE 1818 COLLINS RD BLDG B RICHMOND	·	77469	(281) 239-1144	UNIT 21 (ICF/MR) ICF/IID: 6	DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761	78711 FAX :
Facility Information: BTTC WILLOW GLEN HOUSE 1818 COLLINS RD BLDG B RICHMOND Phone (281) 239-1122	·	77469 Fax	(281) 239-1144 0	, ,	DADS PO BOX 12668 AUSTIN TX	78711
Facility Information: BTTC WILLOW GLEN HOUSE 1818 COLLINS RD BLDG B RICHMOND Phone (281) 239-1122 TOTAL Lic Capacity: 0	·	77469 Fax TITLE 18:	(281) 239-1144 0 0	, ,	DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761	78711 FAX :
Facility Information: BTTC WILLOW GLEN HOUSE 1818 COLLINS RD BLDG B RICHMOND Phone (281) 239-1122 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	77469 Fax TITLE 18: TITLE19:	(281) 239-1144 0 0	, ,	DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID	78711 FAX :
Facility Information: BTTC WILLOW GLEN HOUSE 1818 COLLINS RD BLDG B RICHMOND Phone (281) 239-1122 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	77469 Fax TITLE 18: TITLE19:	(281) 239-1144 0 0	ICF/IID: 6	DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID	78711 FAX: SERVICE TYPE GOVERNMENT BASED
Facility Information: BTTC WILLOW GLEN HOUSE 1818 COLLINS RD BLDG B RICHMOND Phone (281) 239-1122 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FORT BEND Facility Information: RICHMOND STATE SUPPORT	TX Facility ID:	77469 Fax TITLE 18: TITLE19: TITLE 18/19:	(281) 239-1144 0 0	ICF/IID: 6	DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt:	78711 FAX: SERVICE TYPE GOVERNMENT BASED
Facility Information: BTTC WILLOW GLEN HOUSE 1818 COLLINS RD BLDG B RICHMOND Phone (281) 239-1122 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FORT BEND Facility Information: RICHMOND STATE SUPPORT 2100 PRESTON ROAD	TX Facility ID: TED LIVING C	77469 Fax TITLE 18: TITLE19: TITLE 18/19: 007106 ENTER	(281) 239-1144 0 0	ICF/IID: 6	DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information	78711 FAX: SERVICE TYPE GOVERNMENT BASED
Facility Information: BTTC WILLOW GLEN HOUSE 1818 COLLINS RD BLDG B RICHMOND Phone (281) 239-1122 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FORT BEND Facility Information: RICHMOND STATE SUPPORT 2100 PRESTON ROAD RICHMOND	TX Facility ID:	77469	(281) 239-1144 0 0 0 Reg Svcs:	ICF/IID: 6	DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information DADS	78711 FAX: SERVICE TYPE GOVERNMENT BASED
Facility Information: BTTC WILLOW GLEN HOUSE 1818 COLLINS RD BLDG B RICHMOND Phone (281) 239-1122 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FORT BEND Facility Information: RICHMOND STATE SUPPORT 2100 PRESTON ROAD RICHMOND Phone (281) 232-2075	TX Facility ID: TED LIVING C	77469	(281) 239-1144 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR)	DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IIID License Exp Dt: Owner Information DADS PO BOX 12668	78711 FAX: SERVICE TYPE GOVERNMENT BASED Region 06 - HOUSTON
Facility Information: BTTC WILLOW GLEN HOUSE 1818 COLLINS RD BLDG B RICHMOND Phone (281) 239-1122 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FORT BEND Facility Information: RICHMOND STATE SUPPORT 2100 PRESTON ROAD RICHMOND Phone (281) 232-2075 TOTAL Lic Capacity: 0	TX Facility ID: TED LIVING C	77469	(281) 239-1144 0 0 0 Reg Svcs:	ICF/IID: 6	DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information DADS PO BOX 12668 AUSTIN TX	78711 FAX: SERVICE TYPE GOVERNMENT BASED Region 06 - HOUSTON 78711 FAX: SERVICE TYPE STATE SCHOOL/STATE
Facility Information: BTTC WILLOW GLEN HOUSE 1818 COLLINS RD BLDG B RICHMOND Phone (281) 239-1122 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FORT BEND Facility Information: RICHMOND STATE SUPPORT 2100 PRESTON ROAD RICHMOND Phone (281) 232-2075	TX Facility ID: TED LIVING C	77469	(281) 239-1144 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR)	DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761	78711 FAX: SERVICE TYPE GOVERNMENT BASED Region 06 - HOUSTON 78711 FAX:
Facility Information: BTTC WILLOW GLEN HOUSE 1818 COLLINS RD BLDG B RICHMOND Phone (281) 239-1122 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FORT BEND Facility Information: RICHMOND STATE SUPPORT 2100 PRESTON ROAD RICHMOND Phone (281) 232-2075 TOTAL Lic Capacity: 0	TX Facility ID: TED LIVING C	77469	(281) 239-1144 0 0 0 Reg Svcs: (281) 344-4587 0	ICF/IID: 6 UNIT 21 (ICF/MR)	DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761	78711 FAX: SERVICE TYPE GOVERNMENT BASED Region 06 - HOUSTON 78711 FAX: SERVICE TYPE STATE SCHOOL/STATE
Facility Information: BTTC WILLOW GLEN HOUSE 1818 COLLINS RD BLDG B RICHMOND Phone (281) 239-1122 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County FORT BEND Facility Information: RICHMOND STATE SUPPORT 2100 PRESTON ROAD RICHMOND Phone (281) 232-2075 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID: TED LIVING C	77469	(281) 239-1144 0 0 0 Reg Svcs: (281) 344-4587 0	ICF/IID: 6 UNIT 21 (ICF/MR)	DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID	78711 FAX: SERVICE TYPE GOVERNMENT BASED Region 06 - HOUSTON 78711 FAX: SERVICE TYPE STATE SCHOOL/STATE
Facility Information: BTTC WILLOW GLEN HOUSE 1818 COLLINS RD BLDG B RICHMOND Phone (281) 239-1122 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FORT BEND Facility Information: RICHMOND STATE SUPPORT 2100 PRESTON ROAD RICHMOND Phone (281) 232-2075 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID: TED LIVING C	77469	(281) 239-1144 0 0 0 Reg Svcs: (281) 344-4587 0 0	UNIT 21 (ICF/MR) ICF/IID: 664	DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID	78711 FAX: SERVICE TYPE GOVERNMENT BASED Region 06 - HOUSTON 78711 FAX: SERVICE TYPE STATE SCHOOL/STATE CENTER
Facility Information: BTTC WILLOW GLEN HOUSE 1818 COLLINS RD BLDG B RICHMOND Phone (281) 239-1122 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FORT BEND Facility Information: RICHMOND STATE SUPPORT 2100 PRESTON ROAD RICHMOND Phone (281) 232-2075 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GALVESTON Facility Information: VALERO	TX Facility ID: FED LIVING CE TX	77469	(281) 239-1144 0 0 0 Reg Svcs: (281) 344-4587 0 0	UNIT 21 (ICF/MR) ICF/IID: 664	DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: 01/14/1992	78711 FAX: SERVICE TYPE GOVERNMENT BASED Region 06 - HOUSTON 78711 FAX: SERVICE TYPE STATE SCHOOL/STATE CENTER Region 06 - HOUSTON
Facility Information: BTTC WILLOW GLEN HOUSE 1818 COLLINS RD BLDG B RICHMOND Phone (281) 239-1122 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FORT BEND Facility Information: RICHMOND STATE SUPPORT 2100 PRESTON ROAD RICHMOND Phone (281) 232-2075 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GALVESTON Facility Information: VALERO 1813 VALERO	Facility ID: TX Facility ID:	77469	(281) 239-1144 0 0 0 Reg Svcs: (281) 344-4587 0 0	UNIT 21 (ICF/MR) ICF/IID: 664	DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: 01/14/1992 Owner Information	78711 FAX: SERVICE TYPE GOVERNMENT BASED Region 06 - HOUSTON 78711 FAX: SERVICE TYPE STATE SCHOOL/STATE CENTER Region 06 - HOUSTON
Facility Information: BTTC WILLOW GLEN HOUSE 1818 COLLINS RD BLDG B RICHMOND Phone (281) 239-1122 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County FORT BEND Facility Information: RICHMOND STATE SUPPORT 2100 PRESTON ROAD RICHMOND Phone (281) 232-2075 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GALVESTON Facility Information: VALERO 1813 VALERO FRIENDSWOOD	TX Facility ID: FED LIVING CE TX	77469	(281) 239-1144 0 0 0 Reg Svcs: (281) 344-4587 0 0	UNIT 21 (ICF/MR) ICF/IID: 664	DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: 01/14/1992 Owner Information EDUCARE COMMUNITY LIVING CORPORT	78711 FAX: SERVICE TYPE GOVERNMENT BASED Region 06 - HOUSTON 78711 FAX: SERVICE TYPE STATE SCHOOL/STATE CENTER Region 06 - HOUSTON
Facility Information: BTTC WILLOW GLEN HOUSE 1818 COLLINS RD BLDG B RICHMOND Phone (281) 239-1122 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FORT BEND Facility Information: RICHMOND STATE SUPPORT 2100 PRESTON ROAD RICHMOND Phone (281) 232-2075 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GALVESTON Facility Information: VALERO 1813 VALERO FRIENDSWOOD Phone (281) 996-8808	Facility ID: TX Facility ID:	77469	(281) 239-1144 0 0 0 Reg Svcs: (281) 344-4587 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 664 UNIT 21 (ICF/MR)	DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: 01/14/1992 Owner Information EDUCARE COMMUNITY LIVING CORPORTS	78711 FAX: SERVICE TYPE GOVERNMENT BASED Region 06 - HOUSTON 78711 FAX: SERVICE TYPE STATE SCHOOL/STATE CENTER Region 06 - HOUSTON DRATION - GULF COAST
Facility Information: BTTC WILLOW GLEN HOUSE 1818 COLLINS RD BLDG B RICHMOND Phone (281) 239-1122 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FORT BEND Facility Information: RICHMOND STATE SUPPORT 2100 PRESTON ROAD RICHMOND Phone (281) 232-2075 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GALVESTON Facility Information: VALERO 1813 VALERO FRIENDSWOOD Phone (281) 996-8808 TOTAL Lic Capacity: 0	Facility ID: TX Facility ID:	77469	(281) 239-1144 0 0 0 Reg Svcs: (281) 344-4587 0 0 Reg Svcs:	UNIT 21 (ICF/MR) ICF/IID: 664	DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: 01/14/1992 Owner Information EDUCARE COMMUNITY LIVING CORPORT 1 CONTROL	78711 FAX: SERVICE TYPE GOVERNMENT BASED Region 06 - HOUSTON 78711 FAX: SERVICE TYPE STATE SCHOOL/STATE CENTER Region 06 - HOUSTON DRATION - GULF COAST 40223-3808
Facility Information: BTTC WILLOW GLEN HOUSE 1818 COLLINS RD BLDG B RICHMOND Phone (281) 239-1122 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County FORT BEND Facility Information: RICHMOND STATE SUPPORT 2100 PRESTON ROAD RICHMOND Phone (281) 232-2075 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GALVESTON Facility Information: VALERO 1813 VALERO FRIENDSWOOD Phone (281) 996-8808	Facility ID: TX Facility ID:	77469	(281) 239-1144 0 0 0 Reg Svcs: (281) 344-4587 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 664 UNIT 21 (ICF/MR)	DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: 01/14/1992 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700	78711 FAX: SERVICE TYPE GOVERNMENT BASED Region 06 - HOUSTON 78711 FAX: SERVICE TYPE STATE SCHOOL/STATE CENTER Region 06 - HOUSTON DRATION - GULF COAST 40223-3808 FAX: (512) 498-2777

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County GONZALES			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	003781			Owner Information	
GONZALES COMMUNITY HOI 310 DEWITT ST	ME				EDUCARE COMMUNITY LIVING LIMITE	D PARTNERSHIP
GONZALES	TX	78629-4210			9901 LINN STATION ROAD	40000 0000
Phone (830) 672-7421		Fax			LOUISVILLE KY	40223-3808
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 8	PHONE: (502) 394-2100	FAX: (502) 394-2285
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2017	
County GONZALES			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	007653			Owner Information	
GONZALES COUNTY COMMU 3221 HWY 87 WEST	JNITY RESIDE	NCE			KENMAR RESIDENTIAL SERVICES INC	
SMILEY	TX	78159			33 CYPRESS BLVD ROUND ROCK TX	,SUITE 100 78665
Phone (830) 587-6157		Fax	(830) 587-6408		PHONE: (512) 336-0800	FAX: (512) 336-0812
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	,	,
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 03/15/2018	
County GONZALES			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	007268			Owner Information	
SMILEY COMMUNITY RESIDE 282 FM 3234	:NCE				KENMAR RESIDENTIAL SERVICES INC	
SMILEY	TX	78159			33 CYPRESS BLVD ROUND ROCK TX	,SUITE 100 78665
Phone (830) 587-6253		Fax	(830) 587-6237		PHONE: (512) 336-0800	FAX: (512) 336-0812
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:				SERVICE TIPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 03/15/2018	
County GRAYSON			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	003738	Reg Svcs:	IID TEAM	Owner Information	Region 03 - ARLINGTON
Facility Information: ALTERNATE LIVING FACILITY	•	003738	Reg Svcs:	IID TEAM	MHMR SERVICES OF TEXOMA	· ·
Facility Information:	•	003738 75020	Reg Svcs:	IID TEAM	MHMR SERVICES OF TEXOMA 315 W MCLAIN	,PO BOX 1087 (ZIP 75091)
Facility Information: ALTERNATE LIVING FACILITY 1101 S MIRICK AVE	΄ Ι		Reg Svcs:	IID TEAM	MHMR SERVICES OF TEXOMA 315 W MCLAIN SHERMAN TX	,PO BOX 1087 (ZIP 75091) 75092
Facility Information: ALTERNATE LIVING FACILITY 1101 S MIRICK AVE DENISON Phone (903) 465-7383 TOTAL Lic Capacity: 0	΄ Ι	75020 Fax TITLE 18:	0	IID TEAM ICF/IID: 10	MHMR SERVICES OF TEXOMA 315 W MCLAIN SHERMAN TX PHONE:	,PO BOX 1087 (ZIP 75091) 75092 FAX:
Facility Information: ALTERNATE LIVING FACILITY 1101 S MIRICK AVE DENISON Phone (903) 465-7383 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	΄ Ι	75020 Fax TITLE 18: TITLE19:	0 0		MHMR SERVICES OF TEXOMA 315 W MCLAIN SHERMAN TX PHONE: PROGRAM TYPE: ICF/IID	,PO BOX 1087 (ZIP 75091) 75092
Facility Information: ALTERNATE LIVING FACILITY 1101 S MIRICK AVE DENISON Phone (903) 465-7383 TOTAL Lic Capacity: 0	΄ Ι	75020 Fax TITLE 18:	0		MHMR SERVICES OF TEXOMA 315 W MCLAIN SHERMAN TX PHONE:	,PO BOX 1087 (ZIP 75091) 75092 FAX:
Facility Information: ALTERNATE LIVING FACILITY 1101 S MIRICK AVE DENISON Phone (903) 465-7383 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GRAYSON	TX	75020 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0		MHMR SERVICES OF TEXOMA 315 W MCLAIN SHERMAN TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt:	,PO BOX 1087 (ZIP 75091) 75092 FAX:
Facility Information: ALTERNATE LIVING FACILITY 1101 S MIRICK AVE DENISON Phone (903) 465-7383 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GRAYSON Facility Information:	TX Facility ID:	75020 Fax TITLE 18: TITLE19:	0 0 0	ICF/IID: 10	MHMR SERVICES OF TEXOMA 315 W MCLAIN SHERMAN TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information	,PO BOX 1087 (ZIP 75091) 75092 FAX: SERVICE TYPE GOVERNMENT BASED
Facility Information: ALTERNATE LIVING FACILITY 1101 S MIRICK AVE DENISON Phone (903) 465-7383 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GRAYSON	TX Facility ID:	75020 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 10	MHMR SERVICES OF TEXOMA 315 W MCLAIN SHERMAN TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information MHMR SERVICES OF TEXOMA	,PO BOX 1087 (ZIP 75091) 75092 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON
Facility Information: ALTERNATE LIVING FACILITY 1101 S MIRICK AVE DENISON Phone (903) 465-7383 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GRAYSON Facility Information: ALTERNATE LIVING FACILITY 1100 WEST WALKER DENISON	TX Facility ID:	75020 Fax TITLE 18: TITLE19: TITLE 18/19: 003976 75020	0 0 0 Reg Svcs:	ICF/IID: 10	MHMR SERVICES OF TEXOMA 315 W MCLAIN SHERMAN TX PHONE: PROGRAM TYPE: ICF/IIID License Exp Dt: Owner Information MHMR SERVICES OF TEXOMA 315 W MCLAIN	,PO BOX 1087 (ZIP 75091) 75092 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON ,PO BOX 1087 (ZIP 75091)
Facility Information: ALTERNATE LIVING FACILITY 1101 S MIRICK AVE DENISON Phone (903) 465-7383 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GRAYSON Facility Information: ALTERNATE LIVING FACILITY 1100 WEST WALKER	TX Facility ID:	75020 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 10	MHMR SERVICES OF TEXOMA 315 W MCLAIN SHERMAN TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information MHMR SERVICES OF TEXOMA 315 W MCLAIN SHERMAN TX	,PO BOX 1087 (ZIP 75091) 75092 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON ,PO BOX 1087 (ZIP 75091) 75092
Facility Information: ALTERNATE LIVING FACILITY 1101 S MIRICK AVE DENISON Phone (903) 465-7383 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GRAYSON Facility Information: ALTERNATE LIVING FACILITY 1100 WEST WALKER DENISON Phone (903) 465-6434 TOTAL Lic Capacity: 0	TX Facility ID:	75020 Fax TITLE 18: TITLE 19: TITLE 18/19: 003976 75020 Fax TITLE 18:	0 0 0 Reg Svcs: (903) 786-2902	ICF/IID: 10	MHMR SERVICES OF TEXOMA 315 W MCLAIN SHERMAN TX PHONE: PROGRAM TYPE: CF/ D License Exp Dt: Owner Information MHMR SERVICES OF TEXOMA 315 W MCLAIN SHERMAN TX PHONE:	,PO BOX 1087 (ZIP 75091) 75092 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON ,PO BOX 1087 (ZIP 75091) 75092 FAX:
Facility Information: ALTERNATE LIVING FACILITY 1101 S MIRICK AVE DENISON Phone (903) 465-7383 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GRAYSON Facility Information: ALTERNATE LIVING FACILITY 1100 WEST WALKER DENISON Phone (903) 465-6434 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	75020 Fax TITLE 18: TITLE 19: 003976 75020 Fax TITLE 18: TITLE 18: TITLE 19:	0 0 0 Reg Svcs: (903) 786-2902 0	ICF/IID: 10	MHMR SERVICES OF TEXOMA 315 W MCLAIN SHERMAN TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information MHMR SERVICES OF TEXOMA 315 W MCLAIN SHERMAN TX PHONE: PROGRAM TYPE: ICF/IID	,PO BOX 1087 (ZIP 75091) 75092 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON ,PO BOX 1087 (ZIP 75091) 75092
Facility Information: ALTERNATE LIVING FACILITY 1101 S MIRICK AVE DENISON Phone (903) 465-7383 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GRAYSON Facility Information: ALTERNATE LIVING FACILITY 1100 WEST WALKER DENISON Phone (903) 465-6434 TOTAL Lic Capacity: 0	TX Facility ID:	75020 Fax TITLE 18: TITLE 19: TITLE 18/19: 003976 75020 Fax TITLE 18:	0 0 0 Reg Svcs: (903) 786-2902 0	ICF/IID: 10	MHMR SERVICES OF TEXOMA 315 W MCLAIN SHERMAN TX PHONE: PROGRAM TYPE: CF/ D License Exp Dt: Owner Information MHMR SERVICES OF TEXOMA 315 W MCLAIN SHERMAN TX PHONE:	,PO BOX 1087 (ZIP 75091) 75092 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON ,PO BOX 1087 (ZIP 75091) 75092 FAX:
Facility Information: ALTERNATE LIVING FACILITY 1101 S MIRICK AVE DENISON Phone (903) 465-7383 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GRAYSON Facility Information: ALTERNATE LIVING FACILITY 1100 WEST WALKER DENISON Phone (903) 465-6434 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GRAYSON	TX Facility ID: / III TX	75020 Fax TITLE 18: TITLE 18/19: 003976 75020 Fax TITLE 18: TITLE 18: TITLE 18: TITLE 19:	0 0 0 Reg Svcs: (903) 786-2902 0	ICF/IID: 10	MHMR SERVICES OF TEXOMA 315 W MCLAIN SHERMAN TX PHONE: PROGRAM TYPE: ICF/ ID License Exp Dt: Owner Information MHMR SERVICES OF TEXOMA 315 W MCLAIN SHERMAN TX PHONE: PROGRAM TYPE: ICF/ ID License Exp Dt:	,PO BOX 1087 (ZIP 75091) 75092 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON ,PO BOX 1087 (ZIP 75091) 75092 FAX:
Facility Information: ALTERNATE LIVING FACILITY 1101 S MIRICK AVE DENISON Phone (903) 465-7383 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GRAYSON Facility Information: ALTERNATE LIVING FACILITY 1100 WEST WALKER DENISON Phone (903) 465-6434 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GRAYSON Facility Information:	TX Facility ID:	75020 Fax TITLE 18: TITLE 19: 003976 75020 Fax TITLE 18: TITLE 18: TITLE 19:	0 0 0 Reg Svcs: (903) 786-2902 0 0	ICF/IID: 10 IID TEAM ICF/IID: 6	MHMR SERVICES OF TEXOMA 315 W MCLAIN SHERMAN TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information MHMR SERVICES OF TEXOMA 315 W MCLAIN SHERMAN TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt:	,PO BOX 1087 (ZIP 75091) 75092 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON ,PO BOX 1087 (ZIP 75091) 75092 FAX: SERVICE TYPE GOVERNMENT BASED
Facility Information: ALTERNATE LIVING FACILITY 1101 S MIRICK AVE DENISON Phone (903) 465-7383 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GRAYSON Facility Information: ALTERNATE LIVING FACILITY 1100 WEST WALKER DENISON Phone (903) 465-6434 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GRAYSON	TX Facility ID: / III TX	75020 Fax TITLE 18: TITLE 18/19: 003976 75020 Fax TITLE 18: TITLE 18: TITLE 18: TITLE 19:	0 0 0 Reg Svcs: (903) 786-2902 0 0	ICF/IID: 10 IID TEAM ICF/IID: 6	MHMR SERVICES OF TEXOMA 315 W MCLAIN SHERMAN TX PHONE: PROGRAM TYPE: ICF/ ID License Exp Dt: Owner Information MHMR SERVICES OF TEXOMA 315 W MCLAIN SHERMAN TX PHONE: PROGRAM TYPE: ICF/ ID License Exp Dt: Owner Information EXCEPTIONALCARE INC	,PO BOX 1087 (ZIP 75091) 75092 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON ,PO BOX 1087 (ZIP 75091) 75092 FAX: SERVICE TYPE GOVERNMENT BASED
Facility Information: ALTERNATE LIVING FACILITY 1101 S MIRICK AVE DENISON Phone (903) 465-7383 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GRAYSON Facility Information: ALTERNATE LIVING FACILITY 1100 WEST WALKER DENISON Phone (903) 465-6434 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GRAYSON Facility Information: EDWARDS STREET HOUSE 603 EDWARDS ST DENISON	TX Facility ID: / III TX	75020	0 0 0 Reg Svcs: (903) 786-2902 0 0 Reg Svcs:	ICF/IID: 10 IID TEAM ICF/IID: 6	MHMR SERVICES OF TEXOMA 315 W MCLAIN SHERMAN TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information MHMR SERVICES OF TEXOMA 315 W MCLAIN SHERMAN TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt:	,PO BOX 1087 (ZIP 75091) 75092 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON ,PO BOX 1087 (ZIP 75091) 75092 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON
Facility Information: ALTERNATE LIVING FACILITY 1101 S MIRICK AVE DENISON Phone (903) 465-7383 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GRAYSON Facility Information: ALTERNATE LIVING FACILITY 1100 WEST WALKER DENISON Phone (903) 465-6434 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GRAYSON Facility Information: EDWARDS STREET HOUSE 603 EDWARDS ST	TX Facility ID: TX Facility ID:	75020	0 0 0 Reg Svcs: (903) 786-2902 0 0	ICF/IID: 10 IID TEAM ICF/IID: 6	MHMR SERVICES OF TEXOMA 315 W MCLAIN SHERMAN TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information MHMR SERVICES OF TEXOMA 315 W MCLAIN SHERMAN TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EXCEPTIONALCARE INC 2402 W MORTON ST STE 140 DENISON TX	,PO BOX 1087 (ZIP 75091) 75092 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON ,PO BOX 1087 (ZIP 75091) 75092 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON
Facility Information: ALTERNATE LIVING FACILITY 1101 S MIRICK AVE DENISON Phone (903) 465-7383 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GRAYSON Facility Information: ALTERNATE LIVING FACILITY 1100 WEST WALKER DENISON Phone (903) 465-6434 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GRAYSON Facility Information: EDWARDS STREET HOUSE 603 EDWARDS ST DENISON Phone (903) 463-6811 TOTAL Lic Capacity: 0	TX Facility ID: TX Facility ID:	75020	0 0 0 Reg Svcs: (903) 786-2902 0 0 0 Reg Svcs:	ICF/IID: 10 IID TEAM ICF/IID: 6	MHMR SERVICES OF TEXOMA 315 W MCLAIN SHERMAN TX PHONE: PROGRAM TYPE: ICF/IIID License Exp Dt: Owner Information MHMR SERVICES OF TEXOMA 315 W MCLAIN SHERMAN TX PHONE: PROGRAM TYPE: ICF/IIID License Exp Dt: Owner Information EXCEPTIONALCARE INC 2402 W MORTON ST STE 140 DENISON TX PHONE: (903) 465-8766	,PO BOX 1087 (ZIP 75091) 75092 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON ,PO BOX 1087 (ZIP 75091) 75092 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON
Facility Information: ALTERNATE LIVING FACILITY 1101 S MIRICK AVE DENISON Phone (903) 465-7383 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GRAYSON Facility Information: ALTERNATE LIVING FACILITY 1100 WEST WALKER DENISON Phone (903) 465-6434 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GRAYSON Facility Information: EDWARDS STREET HOUSE 603 EDWARDS ST DENISON Phone (903) 463-6811	TX Facility ID: TX Facility ID:	75020 Fax TITLE 18: TITLE19: TITLE 18/19: 003976 75020 Fax TITLE 18: TITLE19: TITLE 18/19: 007314 75020 Fax	0 0 0 Reg Svcs: (903) 786-2902 0 0 0 Reg Svcs: (903) 465-8799 0	ICF/IID: 10 IID TEAM ICF/IID: 6	MHMR SERVICES OF TEXOMA 315 W MCLAIN SHERMAN TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information MHMR SERVICES OF TEXOMA 315 W MCLAIN SHERMAN TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EXCEPTIONALCARE INC 2402 W MORTON ST STE 140 DENISON TX	,PO BOX 1087 (ZIP 75091) 75092 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON ,PO BOX 1087 (ZIP 75091) 75092 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON

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County CRAVCON			Pog Cyas:	IID TEAM		Pagion 02 APLINCTON
County GRAYSON Facility Information:	Facility ID:	007638	Reg Svcs:	IID I EAWI	Owner Information	Region 03 - ARLINGTON
HYDE PARK HOUSE	i donity iD.	001000			EXCEPTIONAL CARE INC	
1507 HYDE PARK AVE					2402 W MORTON ST STE 140	
DENISON Phase (000) 400 0000	TX	75020	(000) 105 0=05		DENISON TX	75020
Phone (903) 463-6922		Fax	(903) 465-8799		PHONE : (903) 465-8766	FAX: (903) 465-8799
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:				California Travaller Sames
PRIVATE Beds: 0		TITLE 18/19:	U		License Exp Dt: 01/31/2017	
County GRAYSON	F ''' ID	207440	Reg Svcs:	IID TEAM	0 16 6	Region 03 - ARLINGTON
Facility Information:	Facility ID:	007446			Owner Information	
LYNN STREET HOUSE 108 S LYNN ST					EXCEPTIONAL CARE INC	
DENISON	TX	75020			2402 W MORTON ST STE 140 DENISON TX	75020
Phone (903) 465-2655		Fax	(903) 465-8799			
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE: (903) 465-8766	FAX : (903) 465-8799
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 08/04/2018	
County GRAYSON			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	003769			Owner Information	
MHMR SVCS OF TEXOMA AL	TERNATE LIV	ING FACILITY II			MHMR SERVICES OF TEXOMA	
1217 DESVOIGNES RD DENISON	TX	75021			315 W MCLAIN	,PO BOX 1087 (ZIP 75091)
Phone (903) 463-5210	17	Fax			SHERMAN TX	75092
TOTAL Lic Capacity: 0		TITLE 18:	Λ	ICF/IID: 10	PHONE:	FAX:
Cert Alzh Capacity: 0		TITLE 19:		ICI/IID. 10	PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt:	
0 1 0011/001						
COUNTY GRAVEIN			Pag Sugar	IID TEAM		Region 03 - ARI INICTON
County GRAYSON Facility Information:	Facility ID:	101455	Reg Svcs:	IID TEAM	Owner Information	Region 03 - ARLINGTON
Facility Information: EVERGREEN CARRIAGE ES	Facility ID:	101455 UNITY HOME	Reg Svcs:	IID TEAM	Owner Information EVERGREEN PRESBYTERIAN MINISTR	·
Facility Information: EVERGREEN CARRIAGE ESTATES RESTATES RESTATE	TATES COMM OAD	UNITY HOME	Reg Svcs:	IID TEAM		·
Facility Information: EVERGREEN CARRIAGE ES' 2304 CARRIAGE ESTATES R' SHERMAN	TATES COMM	UNITY HOME 75092		IID TEAM	EVERGREEN PRESBYTERIAN MINISTR	·
Facility Information: EVERGREEN CARRIAGE ES' 2304 CARRIAGE ESTATES R' SHERMAN Phone (903) 813-3278	TATES COMM OAD	75092 Fax	(903) 893-6637		EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX	RIES OF TEXAS INC
Facility Information: EVERGREEN CARRIAGE ES' 2304 CARRIAGE ESTATES R' SHERMAN Phone (903) 813-3278 TOTAL Lic Capacity: 0	TATES COMM OAD	TITLE 18:	(903) 893-6637 0	IID TEAM ICF/IID: 6	EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX PHONE: (972) 386-4834	RIES OF TEXAS INC 75238 FAX:
Facility Information: EVERGREEN CARRIAGE ES' 2304 CARRIAGE ESTATES R' SHERMAN Phone (903) 813-3278 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TATES COMM OAD	TITLE 18:	(903) 893-6637 0		EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID	RIES OF TEXAS INC 75238
Facility Information: EVERGREEN CARRIAGE ES' 2304 CARRIAGE ESTATES R' SHERMAN Phone (903) 813-3278 TOTAL Lic Capacity: 0	TATES COMM OAD	TITLE 18:	(903) 893-6637 0		EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX PHONE: (972) 386-4834	RIES OF TEXAS INC 75238 FAX:
Facility Information: EVERGREEN CARRIAGE ES' 2304 CARRIAGE ESTATES R' SHERMAN Phone (903) 813-3278 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GRAYSON	TATES COMM OAD TX	TITLE 18/19:	(903) 893-6637 0		EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 07/03/2017	RIES OF TEXAS INC 75238 FAX:
Facility Information: EVERGREEN CARRIAGE ES' 2304 CARRIAGE ESTATES R' SHERMAN Phone (903) 813-3278 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GRAYSON Facility Information:	TATES COMMOAD TX	TITLE 18/19: 101453	(903) 893-6637 0 0	ICF/IID: 6	EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 07/03/2017 Owner Information	75238 FAX: SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: EVERGREEN CARRIAGE ES' 2304 CARRIAGE ESTATES R' SHERMAN Phone (903) 813-3278 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GRAYSON Facility Information: EVERGREEN NORTHBROOK	TATES COMMOAD TX	TITLE 18/19: 101453	(903) 893-6637 0 0	ICF/IID: 6	EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 07/03/2017 Owner Information EVERGREEN PRESBYTERIAN MINISTR	75238 FAX: SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: EVERGREEN CARRIAGE ES' 2304 CARRIAGE ESTATES R' SHERMAN Phone (903) 813-3278 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GRAYSON Facility Information:	TATES COMMOAD TX	TITLE 18/19: 101453	(903) 893-6637 0 0	ICF/IID: 6	EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 07/03/2017 Owner Information EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR	RIES OF TEXAS INC 75238 FAX: SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON RIES OF TEXAS INC
Facility Information: EVERGREEN CARRIAGE ES' 2304 CARRIAGE ESTATES R' SHERMAN Phone (903) 813-3278 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GRAYSON Facility Information: EVERGREEN NORTHBROOK	TATES COMMOAD TX Facility ID:	TITLE 18: TITLE 18: TITLE 18: TITLE 18/19: 101453 HOME	(903) 893-6637 0 0	ICF/IID: 6	EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 07/03/2017 Owner Information EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX	75238 FAX: SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON RIES OF TEXAS INC 75238
Facility Information: EVERGREEN CARRIAGE ES' 2304 CARRIAGE ESTATES R' SHERMAN Phone (903) 813-3278 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GRAYSON Facility Information: EVERGREEN NORTHBROOK 1732 NORTHBROOK SHERMAN	TATES COMMOAD TX Facility ID:	TITLE 18/19: 101453 HOME 75092	(903) 893-6637 0 0 0 Reg Svcs:	ICF/IID: 6	EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 07/03/2017 Owner Information EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR	RIES OF TEXAS INC 75238 FAX: SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON RIES OF TEXAS INC
Facility Information: EVERGREEN CARRIAGE ES' 2304 CARRIAGE ESTATES R' SHERMAN Phone (903) 813-3278 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GRAYSON Facility Information: EVERGREEN NORTHBROOK 1732 NORTHBROOK SHERMAN Phone (903) 870-2113	TATES COMMOAD TX Facility ID:	TITLE 18: TITLE 18: TITLE 18/19: 101453 HOME 75092 Fax	(903) 893-6637 0 0 Reg Svcs: (903) 893-6637	ICF/IID: 6	EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 07/03/2017 Owner Information EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX	75238 FAX: SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON RIES OF TEXAS INC 75238
Facility Information: EVERGREEN CARRIAGE EST 2304 CARRIAGE ESTATES R SHERMAN Phone (903) 813-3278 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GRAYSON Facility Information: EVERGREEN NORTHBROOK 1732 NORTHBROOK SHERMAN Phone (903) 870-2113 TOTAL Lic Capacity: 0	TATES COMMOAD TX Facility ID:	TITLE 18: TITLE 18: TITLE 18/19: 101453 HOME 75092 Fax TITLE 18:	(903) 893-6637 0 0 Reg Svcs: (903) 893-6637 0	ICF/IID: 6	EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 07/03/2017 Owner Information EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX PHONE: (972) 386-4834	RIES OF TEXAS INC 75238 FAX: SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON RIES OF TEXAS INC 75238 FAX:
Facility Information: EVERGREEN CARRIAGE ES' 2304 CARRIAGE ESTATES R' SHERMAN Phone (903) 813-3278 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GRAYSON Facility Information: EVERGREEN NORTHBROOK 1732 NORTHBROOK SHERMAN Phone (903) 870-2113 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TATES COMMOAD TX Facility ID:	TITLE 18: TO92 Fax TITLE 18: TITLE 18/19: 101453 HOME 75092 Fax TITLE 18: TITLE 18: TITLE 19:	(903) 893-6637 0 0 Reg Svcs: (903) 893-6637 0	ICF/IID: 6	EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 07/03/2017 Owner Information EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID	RIES OF TEXAS INC 75238 FAX: SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON RIES OF TEXAS INC 75238 FAX:
Facility Information: EVERGREEN CARRIAGE ES' 2304 CARRIAGE ESTATES R' SHERMAN Phone (903) 813-3278 TOTAL Lic Capacity: 0 County GRAYSON Facility Information: EVERGREEN NORTHBROOK 1732 NORTHBROOK SHERMAN Phone (903) 870-2113 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TATES COMMOAD TX Facility ID:	TITLE 18: TO92 Fax TITLE 18: TITLE 18/19: 101453 HOME 75092 Fax TITLE 18: TITLE 18: TITLE 19:	(903) 893-6637 0 0 Reg Svcs: (903) 893-6637 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 07/03/2017 Owner Information EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID	RIES OF TEXAS INC 75238 FAX: SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON RIES OF TEXAS INC 75238 FAX: SERVICE TYPE PRIVATELY OWNED
Facility Information: EVERGREEN CARRIAGE ESTATES R 2304 CARRIAGE ESTATES R SHERMAN Phone (903) 813-3278 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GRAYSON Facility Information: EVERGREEN NORTHBROOK 1732 NORTHBROOK SHERMAN Phone (903) 870-2113 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG	TATES COMMOAD TX Facility ID: COMMUNITY TX Facility ID:	TITLE 18: TITLE 18: TITLE 18/19: 101453 HOME 75092 Fax TITLE 18: TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	(903) 893-6637 0 0 Reg Svcs: (903) 893-6637 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 07/03/2017 Owner Information EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 07/02/2017	RIES OF TEXAS INC 75238 FAX: SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON RIES OF TEXAS INC 75238 FAX: SERVICE TYPE PRIVATELY OWNED
Facility Information: EVERGREEN CARRIAGE ESTATES RESTATES RESTATE	TATES COMMOAD TX Facility ID: COMMUNITY TX Facility ID:	TITLE 18: TITLE 18: TITLE 18/19: 101453 HOME 75092 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	(903) 893-6637 0 0 Reg Svcs: (903) 893-6637 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 07/03/2017 Owner Information EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 07/02/2017 Owner Information	RIES OF TEXAS INC 75238 FAX: SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON RIES OF TEXAS INC 75238 FAX: SERVICE TYPE PRIVATELY OWNED
Facility Information: EVERGREEN CARRIAGE EST 2304 CARRIAGE ESTATES R SHERMAN Phone (903) 813-3278 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GRAYSON Facility Information: EVERGREEN NORTHBROOK 1732 NORTHBROOK SHERMAN Phone (903) 870-2113 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: MONTE CARLO COMMUNITY 12 MONTE CARLO GLADEWATER	TATES COMMOAD TX Facility ID: COMMUNITY TX Facility ID:	TITLE 18: TITLE 18: TITLE 18: TITLE 18/19: 101453 HOME 75092 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 19: 007492	(903) 893-6637 0 0 Reg Svcs: (903) 893-6637 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 07/03/2017 Owner Information EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 07/02/2017 Owner Information H M S INVESTMENTS INC	RIES OF TEXAS INC 75238 FAX: SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON RIES OF TEXAS INC 75238 FAX: SERVICE TYPE PRIVATELY OWNED
Facility Information: EVERGREEN CARRIAGE ES' 2304 CARRIAGE ESTATES R' SHERMAN Phone (903) 813-3278 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GRAYSON Facility Information: EVERGREEN NORTHBROOK 1732 NORTHBROOK SHERMAN Phone (903) 870-2113 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: MONTE CARLO COMMUNITY 12 MONTE CARLO GLADEWATER Phone (903) 845-6662	TATES COMMOAD TX Facility ID: COMMUNITY TX Facility ID:	TITLE 18: TITLE 18: TITLE 18: TITLE 18/19: 101453 HOME 75092 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19: 007492 75647 Fax	(903) 893-6637 0 0 0 Reg Svcs: (903) 893-6637 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 07/03/2017 Owner Information EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 07/02/2017 Owner Information H M S INVESTMENTS INC 112 S WARD DR	RIES OF TEXAS INC 75238 FAX: SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON RIES OF TEXAS INC 75238 FAX: SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER
Facility Information: EVERGREEN CARRIAGE EST 2304 CARRIAGE ESTATES R SHERMAN Phone (903) 813-3278 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GRAYSON Facility Information: EVERGREEN NORTHBROOK 1732 NORTHBROOK SHERMAN Phone (903) 870-2113 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: MONTE CARLO COMMUNITY 12 MONTE CARLO GLADEWATER Phone (903) 845-6662 TOTAL Lic Capacity: 0	TATES COMMOAD TX Facility ID: COMMUNITY TX Facility ID:	TITLE 18: TITLE 18: TITLE 18: TITLE 18/19: 101453 HOME 75092 Fax TITLE 18:	(903) 893-6637 0 0 0 Reg Svcs: (903) 893-6637 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 07/03/2017 Owner Information EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 07/02/2017 Owner Information H M S INVESTMENTS INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391	RIES OF TEXAS INC 75238 FAX: SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON RIES OF TEXAS INC 75238 FAX: SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER 75604 FAX: (903) 295-7394
Facility Information: EVERGREEN CARRIAGE ES' 2304 CARRIAGE ESTATES R' SHERMAN Phone (903) 813-3278 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GRAYSON Facility Information: EVERGREEN NORTHBROOK 1732 NORTHBROOK SHERMAN Phone (903) 870-2113 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: MONTE CARLO COMMUNITY 12 MONTE CARLO GLADEWATER Phone (903) 845-6662	TATES COMMOAD TX Facility ID: COMMUNITY TX Facility ID:	TITLE 18: TITLE 18: TITLE 18: TITLE 18/19: 101453 HOME 75092 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19: 007492 75647 Fax	(903) 893-6637 0 0 Reg Svcs: (903) 893-6637 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 07/03/2017 Owner Information EVERGREEN PRESBYTERIAN MINISTR 10810 SANDEN DR DALLAS TX PHONE: (972) 386-4834 PROGRAM TYPE: ICF/IID License Exp Dt: 07/02/2017 Owner Information H M S INVESTMENTS INC 112 S WARD DR LONGVIEW TX	RIES OF TEXAS INC 75238 FAX: SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON RIES OF TEXAS INC 75238 FAX: SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER

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County GREGG			Reg Svcs:	ICF/IID TEAM		Region 04 - TYLER
Facility Information:	Facility ID:	007572			Owner Information	. . . ,
TENERY STREET COMMUNIT	•				L M R HEALTHCARE SERVICES INC	
502 TENERY ST GLADEWATER	TX	75647			112 S WARD	75004
Phone (903) 845-4275		Fax	(903) 295-7394		LONGVIEW TX	75604
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (903) 295-7391	FAX : (903) 295-7394
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 12/03/2017	
County GREGG			Reg Svcs:	ICF/IID TEAM		Region 04 - TYLER
Facility Information:	Facility ID:	007224			Owner Information	
EVERGREEN DANVILLE ROA	D COMMUNIT	Y HOME			EVERGREEN PRESBYTERIAN MINISTR	RIES OF TEXAS INC
1104 DANVILLE RD KILGORE	TX	75662			10810 SANDEN DR	
Phone (903) 984-9370	1.	Fax	(903) 792-1861		DALLAS TX	75238
,			,	ICE/IID. C	PHONE : (972) 386-4834	FAX:
TOTAL Lic Capacity: 0		TITLE 18: TITLE19:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0 PRIVATE Beds: 0						
		TITLE 18/19:			License Exp Dt: 08/14/2018	
County GREGG	_	00-10:	Reg Svcs:	ICF/IID TEAM		Region 04 - TYLER
Facility Information:	Facility ID:	007431			Owner Information	
ROYAL DRIVE COMMUNITY F 3009 ROYAL DR	IUIVIE				S & H HOMES INC	
KILGORE	TX	75662			112 S WARD DR	75004
Phone (903) 984-0486		Fax	(903) 295-7394		LONGVIEW TX	75604
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (903) 295-7391	FAX : (903) 295-7394
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 07/10/2018	
County GREGG			Reg Svcs:	ICF/IID TEAM		Region 04 - TYLER
Facility Information:	Facility ID:	007541			Owner Information	
SCEYNE COMMUNITY HOME					R & K BARBER INC	
805 SCEYNE KILGORE	TX	75662			112 S WARD	
Phone (903) 983-3679	17	Fax	(903) 295-7394		LONGVIEW TX	75604
, ,			,	IOF/IID O	PHONE : (903) 295-7391	FAX : (903) 295-7394
TOTAL Lic Capacity: 0		TITLE 18: TITLE19:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0			•		License Fun Dt. 06/11/2019	
PRIVATE Beds: 0		TITLE 18/19:	U		License Exp Dt: 06/11/2018	
County GREGG			Reg Svcs:	ICF/IID TEAM		Degian Of TVLED
Facility Information:						Region 04 - TYLER
-	Facility ID:	007608			Owner Information	Region 04 - FFLER
CHAD COMMUNITY HOME	Facility ID:	007608			D & S RESIDENTIAL SERVICES LP	·
-	Facility ID:	007608 75604			D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY	,BLDG 1 STE 1300
CHAD COMMUNITY HOME 1202 CHAD	·				D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX	,BLDG 1 STE 1300 78759
CHAD COMMUNITY HOME 1202 CHAD LONGVIEW	·	75604	0	ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY	,BLDG 1 STE 1300
CHAD COMMUNITY HOME 1202 CHAD LONGVIEW Phone (903) 759-5744	·	75604 Fax			D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX	,BLDG 1 STE 1300 78759
CHAD COMMUNITY HOME 1202 CHAD LONGVIEW Phone (903) 759-5744 TOTAL Lic Capacity: 0	·	75604 Fax TITLE 18:	0		D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355
CHAD COMMUNITY HOME 1202 CHAD LONGVIEW Phone (903) 759-5744 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	75604 Fax TITLE 18: TITLE19:	0	ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED
CHAD COMMUNITY HOME 1202 CHAD LONGVIEW Phone (903) 759-5744 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG	·	75604 Fax TITLE 18: TITLE19:	0		D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355
CHAD COMMUNITY HOME 1202 CHAD LONGVIEW Phone (903) 759-5744 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	тх	75604 Fax TITLE 18: TITLE19: TITLE 18/19:	0	ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED
CHAD COMMUNITY HOME 1202 CHAD LONGVIEW Phone (903) 759-5744 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: CONCORD MANOR 414 S CENTER	TX Facility ID:	75604 Fax TITLE 18: TITLE19: TITLE 18/19:	0	ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED
CHAD COMMUNITY HOME 1202 CHAD LONGVIEW Phone (903) 759-5744 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: CONCORD MANOR 414 S CENTER LONGVIEW	тх	75604	0	ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information SABINE VALLEY CENTER	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED
CHAD COMMUNITY HOME 1202 CHAD LONGVIEW Phone (903) 759-5744 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: CONCORD MANOR 414 S CENTER	TX Facility ID:	75604	0 0 Reg Svcs:	ICF/IID: 6 ICF/IID TEAM	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information SABINE VALLEY CENTER PO BOX 6800 LONGVIEW TX	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER
CHAD COMMUNITY HOME 1202 CHAD LONGVIEW Phone (903) 759-5744 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: CONCORD MANOR 414 S CENTER LONGVIEW Phone (903) 757-6040 TOTAL Lic Capacity: 0	TX Facility ID:	75604	0 0 Reg Svcs:	ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information SABINE VALLEY CENTER PO BOX 6800 LONGVIEW TX PHONE:	,BLDG 1 STE 1300
CHAD COMMUNITY HOME 1202 CHAD LONGVIEW Phone (903) 759-5744 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: CONCORD MANOR 414 S CENTER LONGVIEW Phone (903) 757-6040	TX Facility ID:	75604	0 0 Reg Svcs:	ICF/IID: 6 ICF/IID TEAM	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information SABINE VALLEY CENTER PO BOX 6800 LONGVIEW TX	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER

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County GREGG			Reg Svcs:	ICF/IID TEAM		Region 04 - TYLER
Facility Information:	Facility ID:	007229	•		Owner Information	
EVERGREEN SPRING HILL CO	OMMUNITY H	OME			EVERGREEN PRESBYTERIAN MINISTR	RIES OF TEXAS INC
225 SYBLE LN LONGVIEW	TX	75605			10810 SANDEN DR	
Phone (903) 297-4422		Fax	(903) 295-9993		DALLAS TX	75238
TOTAL Lic Capacity: 0		TITLE 18:	,	ICF/IID: 6	PHONE : (972) 386-4834	FAX:
Cert Alzh Capacity: 0		TITLE19:		•	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 12/29/2016	
County GREGG			Reg Svcs:	ICF/IID TEAM		Region 04 - TYLER
Facility Information:	Facility ID:	007359			Owner Information	
EVERGREEN STONE TRAIL C	OMMUNITY H	HOME			EVERGREEN PRESBYTERIAN MINISTR	RIES OF TEXAS INC
1205 STONE TRAIL LONGVIEW	TX	75604			10810 SANDEN DR	
Phone (903) 295-1277	1.4	Fax	(903) 295-9993		DALLAS TX	75238
,		TITLE 18:	,	ICF/IID: 6	PHONE: (972) 386-4834	FAX:
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0		TITLE 10:		ICF/IID: 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 01/23/2018	
		11166 10/19:			LIGETISE LAP DL. 01/23/2010	
County GREGG		00700:	Reg Svcs:	ICF/IID TEAM	0 17 "	Region 04 - TYLER
Facility Information:	Facility ID:	007261			Owner Information	
HARMONY HOUSE I I 1012 EAGLE HILL TRAIL					HARMONY LIVING CENTERS INC 112 S WARD DR	
LONGVIEW	TX	75601			LONGVIEW TX	75604
Phone (903) 758-2439		Fax	(903) 295-7394			
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE: (903) 295-7391	FAX: (903) 295-7394
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 02/27/2017	
County GREGG			Reg Svcs:	ICF/IID TEAM		Region 04 - TYLER
County GREGG Facility Information:	Facility ID:	007255	Reg Svcs:	ICF/IID TEAM	Owner Information	Region 04 - TYLER
Facility Information: HONEYSUCKLE COMMUNITY	•	007255	Reg Svcs:	ICF/IID TEAM	D & S RESIDENTIAL SERVICES LP	Ç
Facility Information:	•	007255 75604	Reg Svcs:	ICF/IID TEAM	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY	,BLDG 1 STE 1300
Facility Information: HONEYSUCKLE COMMUNITY 9 HONEYSUCKLE	HOME		Reg Svcs:	ICF/IID TEAM	D & S RESIDENTIAL SERVICES LP	Ç
Facility Information: HONEYSUCKLE COMMUNITY 9 HONEYSUCKLE LONGVIEW Phone (903) 297-3056	HOME	75604	·	ICF/IID TEAM	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY	,BLDG 1 STE 1300
Facility Information: HONEYSUCKLE COMMUNITY 9 HONEYSUCKLE LONGVIEW	HOME	75604 Fax	0		D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX	,BLDG 1 STE 1300 78759
Facility Information: HONEYSUCKLE COMMUNITY 9 HONEYSUCKLE LONGVIEW Phone (903) 297-3056 TOTAL Lic Capacity: 0	HOME	75604 Fax TITLE 18:	0 0		D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355
Facility Information: HONEYSUCKLE COMMUNITY 9 HONEYSUCKLE LONGVIEW Phone (903) 297-3056 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	HOME	75604 Fax TITLE 18: TITLE19:	0 0 0	ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED
Facility Information: HONEYSUCKLE COMMUNITY 9 HONEYSUCKLE LONGVIEW Phone (903) 297-3056 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	HOME	75604 Fax TITLE 18: TITLE19:	0 0		D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355
Facility Information: HONEYSUCKLE COMMUNITY 9 HONEYSUCKLE LONGVIEW Phone (903) 297-3056 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG	HOME TX	75604 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED
Facility Information: HONEYSUCKLE COMMUNITY 9 HONEYSUCKLE LONGVIEW Phone (903) 297-3056 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: LOYD COURT 1 312 LOYD COURT	TX Facility ID:	75604 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED
Facility Information: HONEYSUCKLE COMMUNITY 9 HONEYSUCKLE LONGVIEW Phone (903) 297-3056 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: LOYD COURT 1 312 LOYD COURT LONGVIEW	HOME TX	75604 Fax TITLE 18: TITLE19: TITLE 18/19: 105457 75605	0 0 0 Reg Svcs:	ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information PACE OPPORTUNITY CENTERS INC	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED
Facility Information: HONEYSUCKLE COMMUNITY 9 HONEYSUCKLE LONGVIEW Phone (903) 297-3056 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: LOYD COURT 1 312 LOYD COURT LONGVIEW Phone (903) 663-9493	TX Facility ID:	75604	0 0 0 Reg Svcs:	ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information PACE OPPORTUNITY CENTERS INC 1101 JAYCEE DR	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER
Facility Information: HONEYSUCKLE COMMUNITY 9 HONEYSUCKLE LONGVIEW Phone (903) 297-3056 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: LOYD COURT 1 312 LOYD COURT LONGVIEW Phone (903) 663-9493 TOTAL Lic Capacity: 0	TX Facility ID:	75604	0 0 0 Reg Svcs: (903) 238-9528	ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information PACE OPPORTUNITY CENTERS INC 1101 JAYCEE DR LONGVIEW TX	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER 75604 FAX: (903) 238-9528
Facility Information: HONEYSUCKLE COMMUNITY 9 HONEYSUCKLE LONGVIEW Phone (903) 297-3056 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: LOYD COURT 1 312 LOYD COURT LONGVIEW Phone (903) 663-9493 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	75604	0 0 0 Reg Svcs: (903) 238-9528 0	ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information PACE OPPORTUNITY CENTERS INC 1101 JAYCEE DR LONGVIEW TX PHONE: (903) 238-9523 PROGRAM TYPE: ICF/IID	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER
Facility Information: HONEYSUCKLE COMMUNITY 9 HONEYSUCKLE LONGVIEW Phone (903) 297-3056 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: LOYD COURT 1 312 LOYD COURT LONGVIEW Phone (903) 663-9493 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	75604	0 0 0 Reg Svcs: (903) 238-9528 0 0	ICF/IID: 6 ICF/IID TEAM ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information PACE OPPORTUNITY CENTERS INC 1101 JAYCEE DR LONGVIEW TX PHONE: (903) 238-9523	,BLDG 1 STE 1300
Facility Information: HONEYSUCKLE COMMUNITY 9 HONEYSUCKLE LONGVIEW Phone (903) 297-3056 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: LOYD COURT 1 312 LOYD COURT LONGVIEW Phone (903) 663-9493 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG	TX Facility ID:	75604	0 0 0 Reg Svcs: (903) 238-9528 0	ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information PACE OPPORTUNITY CENTERS INC 1101 JAYCEE DR LONGVIEW TX PHONE: (903) 238-9523 PROGRAM TYPE: ICF/IID License Exp Dt: 03/19/2017	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER 75604 FAX: (903) 238-9528
Facility Information: HONEYSUCKLE COMMUNITY 9 HONEYSUCKLE LONGVIEW Phone (903) 297-3056 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: LOYD COURT 1 312 LOYD COURT LONGVIEW Phone (903) 663-9493 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information:	TX Facility ID:	75604	0 0 0 Reg Svcs: (903) 238-9528 0 0	ICF/IID: 6 ICF/IID TEAM ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information PACE OPPORTUNITY CENTERS INC 1101 JAYCEE DR LONGVIEW TX PHONE: (903) 238-9523 PROGRAM TYPE: ICF/IID License Exp Dt: 03/19/2017 Owner Information	,BLDG 1 STE 1300
Facility Information: HONEYSUCKLE COMMUNITY 9 HONEYSUCKLE LONGVIEW Phone (903) 297-3056 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: LOYD COURT 1 312 LOYD COURT LONGVIEW Phone (903) 663-9493 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: MARTIN COMMUNITY HOME	TX Facility ID:	75604	0 0 0 Reg Svcs: (903) 238-9528 0 0	ICF/IID: 6 ICF/IID TEAM ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information PACE OPPORTUNITY CENTERS INC 1101 JAYCEE DR LONGVIEW TX PHONE: (903) 238-9523 PROGRAM TYPE: ICF/IID License Exp Dt: 03/19/2017 Owner Information L M R HEALTHCARE SERVICES INC	,BLDG 1 STE 1300
Facility Information: HONEYSUCKLE COMMUNITY 9 HONEYSUCKLE LONGVIEW Phone (903) 297-3056 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: LOYD COURT 1 312 LOYD COURT LONGVIEW Phone (903) 663-9493 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information:	TX Facility ID:	75604	0 0 0 Reg Svcs: (903) 238-9528 0 0	ICF/IID: 6 ICF/IID TEAM ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information PACE OPPORTUNITY CENTERS INC 1101 JAYCEE DR LONGVIEW TX PHONE: (903) 238-9523 PROGRAM TYPE: ICF/IID License Exp Dt: 03/19/2017 Owner Information L M R HEALTHCARE SERVICES INC 112 S WARD	,BLDG 1 STE 1300
Facility Information: HONEYSUCKLE COMMUNITY 9 HONEYSUCKLE LONGVIEW Phone (903) 297-3056 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: LOYD COURT 1 312 LOYD COURT LONGVIEW Phone (903) 663-9493 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: MARTIN COMMUNITY HOME 2809 CLENDENEN	HOME TX Facility ID: TX Facility ID:	75604	0 0 0 Reg Svcs: (903) 238-9528 0 0	ICF/IID: 6 ICF/IID TEAM ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information PACE OPPORTUNITY CENTERS INC 1101 JAYCEE DR LONGVIEW TX PHONE: (903) 238-9523 PROGRAM TYPE: ICF/IID License Exp Dt: 03/19/2017 Owner Information L M R HEALTHCARE SERVICES INC 112 S WARD LONGVIEW TX	,BLDG 1 STE 1300
Facility Information: HONEYSUCKLE COMMUNITY 9 HONEYSUCKLE LONGVIEW Phone (903) 297-3056 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: LOYD COURT 1 312 LOYD COURT LONGVIEW Phone (903) 663-9493 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: County GREGG Facility Community: 0 PRIVATE Beds: 0	HOME TX Facility ID: TX Facility ID:	75604	0 0 0 Reg Svcs: (903) 238-9528 0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID TEAM ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information PACE OPPORTUNITY CENTERS INC 1101 JAYCEE DR LONGVIEW TX PHONE: (903) 238-9523 PROGRAM TYPE: ICF/IID License Exp Dt: 03/19/2017 Owner Information L M R HEALTHCARE SERVICES INC 112 S WARD	,BLDG 1 STE 1300
Facility Information: HONEYSUCKLE COMMUNITY 9 HONEYSUCKLE LONGVIEW Phone (903) 297-3056 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: LOYD COURT 1 312 LOYD COURT LONGVIEW Phone (903) 663-9493 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: County GREGG Facility Information: MARTIN COMMUNITY HOME 2809 CLENDENEN LONGVIEW Phone (903) 758-6801	HOME TX Facility ID: TX Facility ID:	75604	0 0 0 Reg Svcs: (903) 238-9528 0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID TEAM ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information PACE OPPORTUNITY CENTERS INC 1101 JAYCEE DR LONGVIEW TX PHONE: (903) 238-9523 PROGRAM TYPE: ICF/IID License Exp Dt: 03/19/2017 Owner Information L M R HEALTHCARE SERVICES INC 112 S WARD LONGVIEW TX	,BLDG 1 STE 1300
Facility Information: HONEYSUCKLE COMMUNITY 9 HONEYSUCKLE LONGVIEW Phone (903) 297-3056 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: LOYD COURT 1 312 LOYD COURT LONGVIEW Phone (903) 663-9493 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: MARTIN COMMUNITY HOME 2809 CLENDENEN LONGVIEW Phone (903) 758-6801 TOTAL Lic Capacity: 0	HOME TX Facility ID: TX Facility ID:	75604	0 0 0 Reg Svcs: (903) 238-9528 0 0 0 Reg Svcs: (903) 295-7394 0	ICF/IID: 6 ICF/IID TEAM ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information PACE OPPORTUNITY CENTERS INC 1101 JAYCEE DR LONGVIEW TX PHONE: (903) 238-9523 PROGRAM TYPE: ICF/IID License Exp Dt: 03/19/2017 Owner Information L M R HEALTHCARE SERVICES INC 112 S WARD LONGVIEW TX PHONE: (903) 295-7391	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER 75604 FAX: (903) 238-9528 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER 75604 FAX: (903) 295-7394

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County GREGG			Reg Svcs:	ICF/IID TEAM		Region 04 - TYLER
Facility Information:	Facility ID:	007495			Owner Information	
MELTON HOUSE					PACE OPPORTUNITY CENTERS INC	
517 MELTON LONGVIEW	TX	75602			1101 JAYCEE DR	
Phone (903) 753-4685	14	Fax	(903) 238-9528		LONGVIEW TX	75604
TOTAL Lic Capacity: 0		TITLE 18:	, ,	ICF/IID: 6	PHONE : (903) 238-9523	FAX : (903) 238-9528
Cert Alzh Capacity: 0		TITLE19:		•	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 09/01/2016	
County GREGG			Reg Svcs:	ICF/IID TEAM		Region 04 - TYLER
Facility Information:	Facility ID:	003624		1017112 121111	Owner Information	0, 1,22,1
PINETREE RESIDENCE					SABINE VALLEY CENTER	
303 EVERGREEN	T V	75004			PO BOX 6800	
LONGVIEW	TX	75604 Fax			LONGVIEW TX	75608
Phone (903) 753-9804			•	105/110	PHONE:	FAX:
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
Cert Alzh Capacity: 0 PRIVATE Beds: 0		TITLE19: TITLE 18/19:			License Exp Dt:	
-		111LE 10/19:			LICEUSE EXP UL	
County GREGG	F	007040	Reg Svcs:	ICF/IID TEAM	Owner Information	Region 04 - TYLER
Facility Information:	Facility ID:	007246			Owner Information PACE OPPORTUNITY CENTERS INC	
PURDUE HOUSE 1307 PURDUE DR					1101 JAYCEE DR	
LONGVIEW	TX	75601			LONGVIEW TX	75604
Phone (903) 553-0637		Fax	(903) 238-9528		PHONE: (903) 238-9523	
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	,	, ,
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 09/01/2018	
County GREGG			Reg Svcs:	ICF/IID TEAM		Region 04 - TYLER
Facility Information:	Facility ID:	003623	Reg Svcs:	ICF/IID TEAM	Owner Information	Region 04 - TYLER
Facility Information: TERI LYN	Facility ID:	003623	Reg Svcs:	ICF/IID TEAM	SABINE VALLEY CENTER	Region 04 - TYLER
Facility Information:	Facility ID:	003623 75604	Reg Svcs:	ICF/IID TEAM	SABINE VALLEY CENTER PO BOX 6800	·
Facility Information: TERI LYN 3704 TERI LYN	·		Reg Svcs:	ICF/IID TEAM	SABINE VALLEY CENTER PO BOX 6800 LONGVIEW TX	75608
Facility Information: TERI LYN 3704 TERI LYN LONGVIEW	·	75604	·	ICF/IID TEAM ICF/IID: 6	SABINE VALLEY CENTER PO BOX 6800	75608 FAX:
Facility Information: TERI LYN 3704 TERI LYN LONGVIEW Phone (903) 753-9804	·	75604 Fax	0		SABINE VALLEY CENTER PO BOX 6800 LONGVIEW TX	75608
Facility Information: TERI LYN 3704 TERI LYN LONGVIEW Phone (903) 753-9804 TOTAL Lic Capacity: 0	·	75604 Fax TITLE 18:	0 0		SABINE VALLEY CENTER PO BOX 6800 LONGVIEW TX PHONE:	75608 FAX:
Facility Information: TERI LYN 3704 TERI LYN LONGVIEW Phone (903) 753-9804 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	75604 Fax TITLE 18: TITLE19:	0 0		SABINE VALLEY CENTER PO BOX 6800 LONGVIEW TX PHONE: PROGRAM TYPE: ICF/IID	75608 FAX:
Facility Information: TERI LYN 3704 TERI LYN LONGVIEW Phone (903) 753-9804 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	75604 Fax TITLE 18: TITLE19:	0 0 0	ICF/IID: 6	SABINE VALLEY CENTER PO BOX 6800 LONGVIEW TX PHONE: PROGRAM TYPE: ICF/IID	75608 FAX: SERVICE TYPE GOVERNMENT BASED
Facility Information: TERI LYN 3704 TERI LYN LONGVIEW Phone (903) 753-9804 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: THELMA COMMUNITY HOME	TX Facility ID:	75604 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 6	SABINE VALLEY CENTER PO BOX 6800 LONGVIEW TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt:	75608 FAX: SERVICE TYPE GOVERNMENT BASED
Facility Information: TERI LYN 3704 TERI LYN LONGVIEW Phone (903) 753-9804 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: THELMA COMMUNITY HOME 1009 THELMA	TX Facility ID:	75604 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 6	SABINE VALLEY CENTER PO BOX 6800 LONGVIEW TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt:	75608 FAX: SERVICE TYPE GOVERNMENT BASED
Facility Information: TERI LYN 3704 TERI LYN LONGVIEW Phone (903) 753-9804 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: THELMA COMMUNITY HOME	TX Facility ID:	75604 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 6	SABINE VALLEY CENTER PO BOX 6800 LONGVIEW TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information D & S RESIDENTIAL SERVICES LP	75608 FAX: SERVICE TYPE GOVERNMENT BASED Region 04 - TYLER
Facility Information: TERI LYN 3704 TERI LYN LONGVIEW Phone (903) 753-9804 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: THELMA COMMUNITY HOME 1009 THELMA LONGVIEW Phone (903) 759-3890	TX Facility ID:	75604	0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID TEAM	SABINE VALLEY CENTER PO BOX 6800 LONGVIEW TX PHONE: PROGRAM TYPE: ICF/ IID License Exp Dt: Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY	75608 FAX: SERVICE TYPE GOVERNMENT BASED Region 04 - TYLER ,BLDG 1 STE 1300
Facility Information: TERI LYN 3704 TERI LYN LONGVIEW Phone (903) 753-9804 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: THELMA COMMUNITY HOME 1009 THELMA LONGVIEW	TX Facility ID:	75604 Fax TITLE 18: TITLE19: TITLE 18/19: 007297 75604	0 0 0 Reg Svcs: (512) 327-5355	ICF/IID: 6	SABINE VALLEY CENTER PO BOX 6800 LONGVIEW TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX	75608 FAX: SERVICE TYPE GOVERNMENT BASED Region 04 - TYLER ,BLDG 1 STE 1300 78759
Facility Information: TERI LYN 3704 TERI LYN LONGVIEW Phone (903) 753-9804 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: THELMA COMMUNITY HOME 1009 THELMA LONGVIEW Phone (903) 759-3890 TOTAL Lic Capacity: 0	TX Facility ID:	75604 Fax TITLE 18: TITLE 18/19: 007297 75604 Fax TITLE 18:	0 0 0 Reg Svcs: (512) 327-5355 0	ICF/IID: 6 ICF/IID TEAM	SABINE VALLEY CENTER PO BOX 6800 LONGVIEW TX PHONE: PROGRAM TYPE: ICF/ ID License Exp Dt: Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325	75608 FAX: SERVICE TYPE GOVERNMENT BASED Region 04 - TYLER ,BLDG 1 STE 1300 78759 FAX: (512) 327-5355
Facility Information: TERI LYN 3704 TERI LYN LONGVIEW Phone (903) 753-9804 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: THELMA COMMUNITY HOME 1009 THELMA LONGVIEW Phone (903) 759-3890 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	75604	0 0 0 Reg Svcs: (512) 327-5355 0 0	ICF/IID: 6 ICF/IID TEAM ICF/IID: 6	SABINE VALLEY CENTER PO BOX 6800 LONGVIEW TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID	75608 FAX: SERVICE TYPE GOVERNMENT BASED Region 04 - TYLER ,BLDG 1 STE 1300
Facility Information: TERI LYN 3704 TERI LYN LONGVIEW Phone (903) 753-9804 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: THELMA COMMUNITY HOME 1009 THELMA LONGVIEW Phone (903) 759-3890 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	75604	0 0 0 Reg Svcs: (512) 327-5355 0	ICF/IID: 6 ICF/IID TEAM	SABINE VALLEY CENTER PO BOX 6800 LONGVIEW TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID	75608 FAX: SERVICE TYPE GOVERNMENT BASED Region 04 - TYLER ,BLDG 1 STE 1300
Facility Information: TERI LYN 3704 TERI LYN LONGVIEW Phone (903) 753-9804 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: THELMA COMMUNITY HOME 1009 THELMA LONGVIEW Phone (903) 759-3890 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG	TX Facility ID:	75604 Fax TITLE 18: TITLE19: TITLE 18/19: 007297 75604 Fax TITLE 18: TITLE 18: TITLE 19:	0 0 0 Reg Svcs: (512) 327-5355 0 0	ICF/IID: 6 ICF/IID TEAM ICF/IID: 6	SABINE VALLEY CENTER PO BOX 6800 LONGVIEW TX PHONE: PROGRAM TYPE: ICF/ ID License Exp Dt: Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/ ID License Exp Dt: 12/01/2017	75608 FAX: SERVICE TYPE GOVERNMENT BASED Region 04 - TYLER ,BLDG 1 STE 1300
Facility Information: TERI LYN 3704 TERI LYN LONGVIEW Phone (903) 753-9804 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: THELMA COMMUNITY HOME 1009 THELMA LONGVIEW Phone (903) 759-3890 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: TUPELO HOUSE 511 TUPELO	TX Facility ID: TX Facility ID:	75604 Fax TITLE 18: TITLE 19: TITLE 18/19: 007297 75604 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	0 0 0 Reg Svcs: (512) 327-5355 0 0	ICF/IID: 6 ICF/IID TEAM ICF/IID: 6	SABINE VALLEY CENTER PO BOX 6800 LONGVIEW TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information	75608 FAX: SERVICE TYPE GOVERNMENT BASED Region 04 - TYLER ,BLDG 1 STE 1300
Facility Information: TERI LYN 3704 TERI LYN LONGVIEW Phone (903) 753-9804 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: THELMA COMMUNITY HOME 1009 THELMA LONGVIEW Phone (903) 759-3890 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: TUPELO HOUSE 511 TUPELO LONGVIEW	TX Facility ID:	75604	0 0 0 Reg Svcs: (512) 327-5355 0 0 0	ICF/IID: 6 ICF/IID TEAM ICF/IID: 6	SABINE VALLEY CENTER PO BOX 6800 LONGVIEW TX PHONE: PROGRAM TYPE: CF/ D License Exp Dt: Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: CF/ D License Exp Dt: 12/01/2017 Owner Information PACE OPPORTUNITY CENTERS INC	75608 FAX: SERVICE TYPE GOVERNMENT BASED Region 04 - TYLER ,BLDG 1 STE 1300
Facility Information: TERI LYN 3704 TERI LYN LONGVIEW Phone (903) 753-9804 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: THELMA COMMUNITY HOME 1009 THELMA LONGVIEW Phone (903) 759-3890 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: TUPELO HOUSE 511 TUPELO LONGVIEW Phone (903) 238-9593	TX Facility ID: TX Facility ID:	75604	0 0 0 Reg Svcs: (512) 327-5355 0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID TEAM ICF/IID: 6	SABINE VALLEY CENTER PO BOX 6800 LONGVIEW TX PHONE: PROGRAM TYPE: ICF/ IID License Exp Dt: Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/ IID License Exp Dt: 12/01/2017 Owner Information PACE OPPORTUNITY CENTERS INC 1101 JAYCEE DR	75608 FAX: SERVICE TYPE GOVERNMENT BASED Region 04 - TYLER ,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER
Facility Information: TERI LYN 3704 TERI LYN LONGVIEW Phone (903) 753-9804 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: THELMA COMMUNITY HOME 1009 THELMA LONGVIEW Phone (903) 759-3890 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: TUPELO HOUSE 511 TUPELO LONGVIEW Phone (903) 238-9593 TOTAL Lic Capacity: 0	TX Facility ID: TX Facility ID:	75604 Fax TITLE 18: TITLE 18/19: 007297 75604 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19: 003765 75601 Fax TITLE 18: TITLE 18:	0 0 0 Reg Svcs: (512) 327-5355 0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID TEAM ICF/IID: 6	SABINE VALLEY CENTER PO BOX 6800 LONGVIEW TX PHONE: PROGRAM TYPE: ICF/ ID License Exp Dt: Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/ ID License Exp Dt: 12/01/2017 Owner Information PACE OPPORTUNITY CENTERS INC 1101 JAYCEE DR LONGVIEW TX	75608 FAX: SERVICE TYPE GOVERNMENT BASED Region 04 - TYLER ,BLDG 1 STE 1300
Facility Information: TERI LYN 3704 TERI LYN LONGVIEW Phone (903) 753-9804 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: THELMA COMMUNITY HOME 1009 THELMA LONGVIEW Phone (903) 759-3890 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GREGG Facility Information: TUPELO HOUSE 511 TUPELO LONGVIEW Phone (903) 238-9593	TX Facility ID: TX Facility ID:	75604	0 0 0 Reg Svcs: (512) 327-5355 0 0 0 Reg Svcs: (903) 238-9528 0	ICF/IID: 6 ICF/IID TEAM ICF/IID: 6	SABINE VALLEY CENTER PO BOX 6800 LONGVIEW TX PHONE: PROGRAM TYPE: ICF/ IID License Exp Dt: Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/ IID License Exp Dt: 12/01/2017 Owner Information PACE OPPORTUNITY CENTERS INC 1101 JAYCEE DR LONGVIEW TX PHONE: (903) 238-9523	75608 FAX: SERVICE TYPE GOVERNMENT BASED Region 04 - TYLER ,BLDG 1 STE 1300

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County GUADALUPE			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	003786			Owner Information	
CASA GUADALUPE I					UCG CENTRAL TEXAS HOLDINGS LLC	
957 KUNKEL ST SEGUIN	TX	78155			750 RUSK	
Phone (830) 379-8539	IA.	Fax	(214) 723-5331		NEW BRAUNFELS TX	78130
TOTAL Lic Capacity: 0		TITLE 18:	, ,	ICF/IID: 8	PHONE : (830) 372-2920	FAX: (214) 723-5331
Cert Alzh Capacity: 0		TITLE 10:		ICI /IID. 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 09/01/2017	
0 4 0040411105				TEAL LOE !!D		B : as any material
County GUADALUPE	Facility ID:	003830	Reg Svcs:	TEAM ICF-IID	Owner Information	Region 08 - SAN ANTONIO
Facility Information: CASA GUADALUPE II	Facility ID:	003630			UCG CENTRAL TEXAS HOLDINGS LLC	
936 ZUNKER					750 RUSK	
SEGUIN	TX	78155			NEW BRAUNFELS TX	78130
Phone (830) 372-2920		Fax	(214) 723-5331		PHONE : (830) 372-2920	FAX: (214) 723-5331
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 8	,	, ,
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 09/01/2017	
County GUADALUPE			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	007394			Owner Information	
DOVE LANE					EDUCARE COMMUNITY LIVING CORPO	RATION - TEXAS
1427 DOVE LN SEGUIN	TX	78155			9901 LINN STATION RD	
Phone (830) 303-6830		Fax			LOUISVILLE KY	40223
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (502) 394-2100	FAX : (502) 394-2285
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 09/01/2018	
-					•	
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County GUADALUPE	Facility ID:	003943	Reg Svcs:	TEAM ICF-IID	Owner Information	Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	003943	Reg Svcs:	TEAM ICF-IID	Owner Information MOSAIC	Region 08 - SAN ANTONIO
•	Facility ID:	003943	Reg Svcs:	TEAM ICF-IID	MOSAIC	Region 08 - SAN ANTONIO
Facility Information: MOSAIC 1622 WILLOW LN SEGUIN	Facility ID:	78155	-	TEAM ICF-IID		Region 08 - SAN ANTONIO 75002
Facility Information: MOSAIC 1622 WILLOW LN	·		Reg Svcs: (210) 967-6232		MOSAIC 428 ST ANDREWS DR ALLEN TX	75002
Facility Information: MOSAIC 1622 WILLOW LN SEGUIN Phone (210) 967-0566 TOTAL Lic Capacity: 0	·	78155 Fax TITLE 18:	(210) 967-6232 0	TEAM ICF-IID ICF/IID: 6	MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561	75002 FAX: (469) 675-1562
Facility Information: MOSAIC 1622 WILLOW LN SEGUIN Phone (210) 967-0566 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	78155 Fax TITLE 18: TITLE19:	(210) 967-6232 0		MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID	75002
Facility Information: MOSAIC 1622 WILLOW LN SEGUIN Phone (210) 967-0566 TOTAL Lic Capacity: 0	·	78155 Fax TITLE 18:	(210) 967-6232 0		MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561	75002 FAX: (469) 675-1562
Facility Information: MOSAIC 1622 WILLOW LN SEGUIN Phone (210) 967-0566 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	78155 Fax TITLE 18: TITLE19:	(210) 967-6232 0		MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID	75002 FAX: (469) 675-1562
Facility Information: MOSAIC 1622 WILLOW LN SEGUIN Phone (210) 967-0566 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GUADALUPE Facility Information:	·	78155 Fax TITLE 18: TITLE19:	(210) 967-6232 0 0	ICF/IID: 6	MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED
Facility Information: MOSAIC 1622 WILLOW LN SEGUIN Phone (210) 967-0566 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GUADALUPE Facility Information: MOSAIC	тх	78155 Fax TITLE 18: TITLE19: TITLE 18/19:	(210) 967-6232 0 0	ICF/IID: 6	MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED
Facility Information: MOSAIC 1622 WILLOW LN SEGUIN Phone (210) 967-0566 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GUADALUPE Facility Information:	тх	78155 Fax TITLE 18: TITLE19: TITLE 18/19:	(210) 967-6232 0 0	ICF/IID: 6	MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: MOSAIC 1622 WILLOW LN SEGUIN Phone (210) 967-0566 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GUADALUPE Facility Information: MOSAIC 109 BURR OAK	TX Facility ID:	78155	(210) 967-6232 0 0	ICF/IID: 6	MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: MOSAIC 1622 WILLOW LN SEGUIN Phone (210) 967-0566 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GUADALUPE Facility Information: MOSAIC 109 BURR OAK SEGUIN	TX Facility ID:	78155 Fax TITLE 18: TITLE 19: TITLE 18/19: 003604	(210) 967-6232 0 0 0 Reg Svcs:	ICF/IID: 6	MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: MOSAIC 1622 WILLOW LN SEGUIN Phone (210) 967-0566 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GUADALUPE Facility Information: MOSAIC 109 BURR OAK SEGUIN Phone (830) 372-2525	TX Facility ID:	78155	(210) 967-6232 0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID	MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: MOSAIC 1622 WILLOW LN SEGUIN Phone (210) 967-0566 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GUADALUPE Facility Information: MOSAIC 109 BURR OAK SEGUIN Phone (830) 372-2525 TOTAL Lic Capacity: 0	TX Facility ID:	78155	(210) 967-6232 0 0 0 Reg Svcs: (830) 303-3075 0	ICF/IID: 6 TEAM ICF-IID	MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 75002 FAX: (469) 675-1562
Facility Information: MOSAIC 1622 WILLOW LN SEGUIN Phone (210) 967-0566 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County GUADALUPE Facility Information: MOSAIC 109 BURR OAK SEGUIN Phone (830) 372-2525 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	78155	(210) 967-6232 0 0 0 Reg Svcs: (830) 303-3075 0 0	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED
Facility Information: MOSAIC 1622 WILLOW LN SEGUIN Phone (210) 967-0566 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County GUADALUPE Facility Information: MOSAIC 109 BURR OAK SEGUIN Phone (830) 372-2525 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	78155	(210) 967-6232 0 0 0 Reg Svcs: (830) 303-3075 0	ICF/IID: 6 TEAM ICF-IID	MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 75002 FAX: (469) 675-1562
Facility Information: MOSAIC 1622 WILLOW LN SEGUIN Phone (210) 967-0566 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County GUADALUPE Facility Information: MOSAIC 109 BURR OAK SEGUIN Phone (830) 372-2525 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	78155	(210) 967-6232 0 0 0 Reg Svcs: (830) 303-3075 0 0	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED
Facility Information: MOSAIC 1622 WILLOW LN SEGUIN Phone (210) 967-0566 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County GUADALUPE Facility Information: MOSAIC 109 BURR OAK SEGUIN Phone (830) 372-2525 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GUADALUPE Facility Information: MOSAIC 974 E CEDAR	TX Facility ID: TX Facility ID:	78155	(210) 967-6232 0 0 0 Reg Svcs: (830) 303-3075 0 0	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED
Facility Information: MOSAIC 1622 WILLOW LN SEGUIN Phone (210) 967-0566 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GUADALUPE Facility Information: MOSAIC 109 BURR OAK SEGUIN Phone (830) 372-2525 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GUADALUPE Facility Information: MOSAIC 974 E CEDAR SEGUIN	TX Facility ID:	78155	(210) 967-6232 0 0 0 Reg Svcs: (830) 303-3075 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED
Facility Information: MOSAIC 1622 WILLOW LN SEGUIN Phone (210) 967-0566 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GUADALUPE Facility Information: MOSAIC 109 BURR OAK SEGUIN Phone (830) 372-2525 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GUADALUPE Facility Information: MOSAIC 974 E CEDAR SEGUIN Phone (210) 967-0566	TX Facility ID: TX Facility ID:	78155	(210) 967-6232 0 0 0 Reg Svcs: (830) 303-3075 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6 TEAM ICF-IID	MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: MOSAIC 1622 WILLOW LN SEGUIN Phone (210) 967-0566 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County GUADALUPE Facility Information: MOSAIC 109 BURR OAK SEGUIN Phone (830) 372-2525 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County GUADALUPE Facility Information: MOSAIC 109 BURR OAK SEGUIN Phone (830) 372-2525 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County GUADALUPE Facility Information: MOSAIC 974 E CEDAR SEGUIN Phone (210) 967-0566 TOTAL Lic Capacity: 0	TX Facility ID: TX Facility ID:	78155	(210) 967-6232 0 0 0 Reg Svcs: (830) 303-3075 0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 75002 FAX: (469) 675-1562
Facility Information: MOSAIC 1622 WILLOW LN SEGUIN Phone (210) 967-0566 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GUADALUPE Facility Information: MOSAIC 109 BURR OAK SEGUIN Phone (830) 372-2525 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GUADALUPE Facility Information: MOSAIC 109 BURR OAK SEGUIN Phone (830) 372-2525 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County GUADALUPE Facility Information: MOSAIC 974 E CEDAR SEGUIN Phone (210) 967-0566	TX Facility ID: TX Facility ID:	78155	(210) 967-6232 0 0 0 Reg Svcs: (830) 303-3075 0 0 0 Reg Svcs: (210) 967-6232 0	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6 TEAM ICF-IID	MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO 75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO

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County GUADALUPE			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	003627			Owner Information	
RIVER OAK DD					EDUCARE COMMUNITY LIVING CORPO	DRATION - TEXAS
1005 RIVER OAK DR SEGUIN	TX	78155			9901 LINN STATION RD	
Phone (830) 303-6835		Fax			LOUISVILLE KY	40223
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (502) 394-2100	FAX : (502) 394-2285
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 05/20/2017	
County HALE			Reg Svcs:	HIGH PLAINS ICF/MR		Region 01 - LUBBOCK
Facility Information:	Facility ID:	003939			Owner Information	
RILEY ARMSTRONG RESIDE	NTIAL FACILIT	Υ			CENTRAL PLAINS CENTER	
2911 W 21ST ST PLAINVIEW	TX	79072			2700 YONKERS ST	
Phone (806) 291-4455		Fax			PLAINVIEW TX	79072
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE:	FAX:
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt:	
County HARDIN			Reg Svcs:	REGION 5 ICF/IID		Region 05 - BEAUMONT
Facility Information:	Facility ID:	003809			Owner Information	
FRIES HOUSE					ST GILES - BAYTOWN INC	
190 E AVE J SILSBEE	TX	77656			2203 KILGORE ROAD	
Phone (409) 651-9185		Fax	(214) 723-5331		BAYTOWN TX	77520
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 8	PHONE : (281) 837-1942	FAX : (281) 427-0586
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 09/01/2017	
County HARDIN			Reg Svcs:	REGION 5 ICF/IID		Region 05 - BEAUMONT
County HARDIN Facility Information:	Facility ID:	007554	Reg Svcs:	REGION 5 ICF/IID	Owner Information	Region 05 - BEAUMONT
Facility Information: ROOSEVELT COMMUNITY H	•	007554	Reg Svcs:	REGION 5 ICF/IID		Region 05 - BEAUMONT
Facility Information:	•	007554 77656	Reg Svcs:	REGION 5 ICF/IID	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD	GEMENT SERVICES OF BEAUMONT, LLC
Facility Information: ROOSEVELT COMMUNITY H	OME		Reg Svcs: (409) 832-6974	REGION 5 ICF/IID	DEVELOPMENTAL DISABILITIES MANA	·
Facility Information: ROOSEVELT COMMUNITY H 1020 ROOSEVELT DRIVE SILSBEE	OME	77656 Fax	· ·	REGION 5 ICF/IID ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD	GEMENT SERVICES OF BEAUMONT, LLC
Facility Information: ROOSEVELT COMMUNITY H 1020 ROOSEVELT DRIVE SILSBEE Phone (409) 832-4112	OME	77656 Fax TITLE 18:	(409) 832-6974		DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX	GEMENT SERVICES OF BEAUMONT, LLC
Facility Information: ROOSEVELT COMMUNITY H 1020 ROOSEVELT DRIVE SILSBEE Phone (409) 832-4112 TOTAL Lic Capacity: 0	OME	77656 Fax TITLE 18:	(409) 832-6974 0		DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228	AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212
Facility Information: ROOSEVELT COMMUNITY H 1020 ROOSEVELT DRIVE SILSBEE Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	OME	77656 Fax TITLE 18: TITLE19:	(409) 832-6974 0		DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID	AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212
Facility Information: ROOSEVELT COMMUNITY HI 1020 ROOSEVELT DRIVE SILSBEE Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	OME	77656 Fax TITLE 18: TITLE19:	(409) 832-6974 0 0	ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID	AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED
Facility Information: ROOSEVELT COMMUNITY HI 1020 ROOSEVELT DRIVE SILSBEE Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARDIN Facility Information: WOODLEA COMMUNITY HON	OME TX Facility ID:	77656 Fax TITLE 18: TITLE19: TITLE 18/19:	(409) 832-6974 0 0	ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information	AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED
Facility Information: ROOSEVELT COMMUNITY HI 1020 ROOSEVELT DRIVE SILSBEE Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARDIN Facility Information: WOODLEA COMMUNITY HON- 101 OGLESBEE RD	OME TX Facility ID:	77656 Fax TITLE 18: TITLE19: TITLE 18/19:	(409) 832-6974 0 0	ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD	AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT AGEMENT SERVICES OF BEAUMONT, LLC
Facility Information: ROOSEVELT COMMUNITY HI 1020 ROOSEVELT DRIVE SILSBEE Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARDIN Facility Information: WOODLEA COMMUNITY HON	TX Facility ID:	77656 Fax TITLE 18: TITLE19: TITLE 18/19:	(409) 832-6974 0 0	ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information DEVELOPMENTAL DISABILITIES MANA	AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT
Facility Information: ROOSEVELT COMMUNITY H 1020 ROOSEVELT DRIVE SILSBEE Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARDIN Facility Information: WOODLEA COMMUNITY HON 101 OGLESBEE RD SILSBEE	TX Facility ID:	77656	(409) 832-6974 0 0 0 Reg Svcs:	ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD	AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT AGEMENT SERVICES OF BEAUMONT, LLC
Facility Information: ROOSEVELT COMMUNITY H- 1020 ROOSEVELT DRIVE SILSBEE Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARDIN Facility Information: WOODLEA COMMUNITY HON- 101 OGLESBEE RD SILSBEE Phone (409) 832-4112	TX Facility ID:	77656	(409) 832-6974 0 0 0 Reg Svcs: (409) 832-6974	ICF/IID: 6 REGION 5 ICF/IID	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX	AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT AGEMENT SERVICES OF BEAUMONT, LLC 77017
Facility Information: ROOSEVELT COMMUNITY H- 1020 ROOSEVELT DRIVE SILSBEE Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARDIN Facility Information: WOODLEA COMMUNITY HON 101 OGLESBEE RD SILSBEE Phone (409) 832-4112 TOTAL Lic Capacity: 0	TX Facility ID:	77656	(409) 832-6974 0 0 0 Reg Svcs: (409) 832-6974 0	ICF/IID: 6 REGION 5 ICF/IID	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228	REMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT REMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212
Facility Information: ROOSEVELT COMMUNITY H 1020 ROOSEVELT DRIVE SILSBEE Phone (409) 832-4112 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARDIN Facility Information: WOODLEA COMMUNITY HON 101 OGLESBEE RD SILSBEE Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	77656	(409) 832-6974 0 0 0 Reg Svcs: (409) 832-6974 0	ICF/IID: 6 REGION 5 ICF/IID	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID	REMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT REMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212
Facility Information: ROOSEVELT COMMUNITY H- 1020 ROOSEVELT DRIVE SILSBEE Phone (409) 832-4112 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARDIN Facility Information: WOODLEA COMMUNITY HON 101 OGLESBEE RD SILSBEE Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	77656	(409) 832-6974 0 0 0 Reg Svcs: (409) 832-6974 0 0	ICF/IID: 6 REGION 5 ICF/IID ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID	AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED
Facility Information: ROOSEVELT COMMUNITY H 1020 ROOSEVELT DRIVE SILSBEE Phone (409) 832-4112 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARDIN Facility Information: WOODLEA COMMUNITY HON 101 OGLESBEE RD SILSBEE Phone (409) 832-4112 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: BURNING TREE LIVING CENT	Facility ID:	77656	(409) 832-6974 0 0 0 Reg Svcs: (409) 832-6974 0 0	ICF/IID: 6 REGION 5 ICF/IID ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information	AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED
Facility Information: ROOSEVELT COMMUNITY H 1020 ROOSEVELT DRIVE SILSBEE Phone (409) 832-4112 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARDIN Facility Information: WOODLEA COMMUNITY HON 101 OGLESBEE RD SILSBEE Phone (409) 832-4112 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: BURNING TREE LIVING CENT 4902 BURNING TREE	Facility ID:	77656	(409) 832-6974 0 0 0 Reg Svcs: (409) 832-6974 0 0	ICF/IID: 6 REGION 5 ICF/IID ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD	REGION 05 - BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT REGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON REGEMENT SERVICES OF HOUSTON LLC
Facility Information: ROOSEVELT COMMUNITY H 1020 ROOSEVELT DRIVE SILSBEE Phone (409) 832-4112 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARDIN Facility Information: WOODLEA COMMUNITY HON 101 OGLESBEE RD SILSBEE Phone (409) 832-4112 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: BURNING TREE LIVING CENT	Facility ID: TX Facility ID: TER	77656	(409) 832-6974 0 0 0 Reg Svcs: (409) 832-6974 0 0	ICF/IID: 6 REGION 5 ICF/IID ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019	AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: ROOSEVELT COMMUNITY H 1020 ROOSEVELT DRIVE SILSBEE Phone (409) 832-4112 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARDIN Facility Information: WOODLEA COMMUNITY HON 101 OGLESBEE RD SILSBEE Phone (409) 832-4112 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: BURNING TREE LIVING CENT 4902 BURNING TREE BAYTOWN	Facility ID: TX Facility ID: TER	77656	(409) 832-6974 0 0 0 Reg Svcs: (409) 832-6974 0 0 0 Reg Svcs:	ICF/IID: 6 REGION 5 ICF/IID ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD	REGION 05 - BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT REGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON REGEMENT SERVICES OF HOUSTON LLC
Facility Information: ROOSEVELT COMMUNITY H- 1020 ROOSEVELT DRIVE SILSBEE Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARDIN Facility Information: WOODLEA COMMUNITY HON- 101 OGLESBEE RD SILSBEE Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: BURNING TREE LIVING CENT- 4902 BURNING TREE BAYTOWN Phone (713) 475-2220	Facility ID: TX Facility ID: TER	77656	(409) 832-6974 0 0 0 Reg Svcs: (409) 832-6974 0 0 0 Reg Svcs:	ICF/IID: 6 REGION 5 ICF/IID ICF/IID: 6 UNIT 21 (ICF/MR)	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX	AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON AGEMENT SERVICES OF HOUSTON LLC 77017
Facility Information: ROOSEVELT COMMUNITY H- 1020 ROOSEVELT DRIVE SILSBEE Phone (409) 832-4112 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARDIN Facility Information: WOODLEA COMMUNITY HON 101 OGLESBEE RD SILSBEE Phone (409) 832-4112 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: BURNING TREE LIVING CENT 4902 BURNING TREE BAYTOWN Phone (713) 475-2220 TOTAL Lic Capacity: 0	Facility ID: TX Facility ID: TER	77656	(409) 832-6974 0 0 0 Reg Svcs: (409) 832-6974 0 0 0 Reg Svcs: (713) 475-2332 0	ICF/IID: 6 REGION 5 ICF/IID ICF/IID: 6 UNIT 21 (ICF/MR)	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228	AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON AGEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212

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County HARRIS			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	003605	1 tog 0 103.	51111 21 (101 /WILL)	Owner Information	
KILGORE HOUSE	•				ST GILES - BAYTOWN INC	
2203 KILGORE RD					2203 KILGORE ROAD	
BAYTOWN Phone (294) 927 1042	TX	77520	(201) 427 0506		BAYTOWN TX	77520
Phone (281) 837-1942		Fax	(281) 427-0586		PHONE : (281) 837-1942	FAX : (281) 427-0586
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: CF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:				
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 09/01/2017	
County HARRIS			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	007411			Owner Information	
MAPLEWOOD LIVING CENTE 706 MAPLEWOOD ST	R				DEVELOPMENTAL DISABILITIES MANAG	GEMENT SERVICES OF HOUSTON LLC
BAYTOWN	TX	77520			4115 GALVESTON RD	77047
Phone (713) 475-2228		Fax	(713) 475-2212		HOUSTON TX	77017
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (713) 475-2228	FAX : (713) 475-2212
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2019	
County HARRIS			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	003671	neg ovos.	01111 21 (101 /WILL)	Owner Information	1/0/2011 00 110001014
MCFARLAND HOUSE					ST GILES - BAYTOWN INC	
1706 MCFARLAND					2203 KILGORE ROAD	
BAYTOWN	TX	77520			BAYTOWN TX	77520
Phone (281) 837-8686		Fax			PHONE : (281) 837-1942	FAX : (281) 427-0586
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:				SERVICE TIPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 09/01/2017	
County HARRIS			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	007381	Reg Svcs:	UNIT 21 (ICF/MR)	Owner Information	Region 06 - HOUSTON
Facility Information: NORTH SHEPHERD HOUSE	Facility ID:	007381	Reg Svcs:	UNIT 21 (ICF/MR)	ST GILES - BAYTOWN INC	Region 06 - HOUSTON
Facility Information:	Facility ID:	007381 77520	Reg Svcs:	UNIT 21 (ICF/MR)	ST GILES - BAYTOWN INC 2203 KILGORE ROAD	·
Facility Information: NORTH SHEPHERD HOUSE 1112 N SHEPHERD	·		Reg Svcs:	UNIT 21 (ICF/MR)	ST GILES - BAYTOWN INC	Region 06 - HOUSTON 77520
Facility Information: NORTH SHEPHERD HOUSE 1112 N SHEPHERD BAYTOWN	·	77520	(713) 271-8585	UNIT 21 (ICF/MR) ICF/IID: 6	ST GILES - BAYTOWN INC 2203 KILGORE ROAD	·
Facility Information: NORTH SHEPHERD HOUSE 1112 N SHEPHERD BAYTOWN Phone (281) 837-6238	·	77520 Fax	(713) 271-8585 0	` , , , , , , , , , , , , , , , , , , ,	ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX	77520
Facility Information: NORTH SHEPHERD HOUSE 1112 N SHEPHERD BAYTOWN Phone (281) 837-6238 TOTAL Lic Capacity: 0	·	77520 Fax TITLE 18:	(713) 271-8585 0 0	` , , , , , , , , , , , , , , , , , , ,	ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942	77520 FAX: (281) 427-0586
Facility Information: NORTH SHEPHERD HOUSE 1112 N SHEPHERD BAYTOWN Phone (281) 837-6238 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	77520 Fax TITLE 18: TITLE19:	(713) 271-8585 0 0	ICF/IID: 6	ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID	77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED
Facility Information: NORTH SHEPHERD HOUSE 1112 N SHEPHERD BAYTOWN Phone (281) 837-6238 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS	тх	77520 Fax TITLE 18: TITLE19: TITLE 18/19:	(713) 271-8585 0 0	` , , , , , , , , , , , , , , , , , , ,	ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017	77520 FAX: (281) 427-0586
Facility Information: NORTH SHEPHERD HOUSE 1112 N SHEPHERD BAYTOWN Phone (281) 837-6238 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information:	·	77520 Fax TITLE 18: TITLE19:	(713) 271-8585 0 0	ICF/IID: 6	ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information	77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: NORTH SHEPHERD HOUSE 1112 N SHEPHERD BAYTOWN Phone (281) 837-6238 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: OLIVE LIVING CENTER 2301 OLIVE CIRCLE	TX Facility ID:	77520 Fax TITLE 18: TITLE19: TITLE 18/19:	(713) 271-8585 0 0	ICF/IID: 6	ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017	77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: NORTH SHEPHERD HOUSE 1112 N SHEPHERD BAYTOWN Phone (281) 837-6238 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: OLIVE LIVING CENTER 2301 OLIVE CIRCLE BAYTOWN	тх	77520 Fax TITLE 18: TITLE19: TITLE 18/19: 007565 77522	(713) 271-8585 0 0 0 Reg Svcs:	ICF/IID: 6	ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information DEVELOPMENTAL DISABILITIES MANAGE	77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: NORTH SHEPHERD HOUSE 1112 N SHEPHERD BAYTOWN Phone (281) 837-6238 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: OLIVE LIVING CENTER 2301 OLIVE CIRCLE BAYTOWN Phone (713) 475-2220	TX Facility ID:	77520 Fax TITLE 18: TITLE 19: TITLE 18/19: 007565 77522 Fax	(713) 271-8585 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR)	ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information DEVELOPMENTAL DISABILITIES MANAGE 4115 GALVESTON RD HOUSTON TX	77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON GEMENT SERVICES OF HOUSTON LLC 77017
Facility Information: NORTH SHEPHERD HOUSE 1112 N SHEPHERD BAYTOWN Phone (281) 837-6238 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: OLIVE LIVING CENTER 2301 OLIVE CIRCLE BAYTOWN Phone (713) 475-2220 TOTAL Lic Capacity: 0	TX Facility ID:	77520 Fax TITLE 18: TITLE 19: TITLE 18/19: 007565 77522 Fax TITLE 18:	(713) 271-8585 0 0 0 Reg Svcs:	ICF/IID: 6	ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information DEVELOPMENTAL DISABILITIES MANAGE 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228	77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212
Facility Information: NORTH SHEPHERD HOUSE 1112 N SHEPHERD BAYTOWN Phone (281) 837-6238 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: OLIVE LIVING CENTER 2301 OLIVE CIRCLE BAYTOWN Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	77520	(713) 271-8585 0 0 0 Reg Svcs: (713) 472-2332 0	ICF/IID: 6 UNIT 21 (ICF/MR)	ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information DEVELOPMENTAL DISABILITIES MANAGE 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID	77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON GEMENT SERVICES OF HOUSTON LLC 77017
Facility Information: NORTH SHEPHERD HOUSE 1112 N SHEPHERD BAYTOWN Phone (281) 837-6238 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: OLIVE LIVING CENTER 2301 OLIVE CIRCLE BAYTOWN Phone (713) 475-2220 TOTAL Lic Capacity: 0	TX Facility ID:	77520 Fax TITLE 18: TITLE 19: TITLE 18/19: 007565 77522 Fax TITLE 18:	(713) 271-8585 0 0 0 Reg Svcs: (713) 472-2332 0	ICF/IID: 6 UNIT 21 (ICF/MR)	ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information DEVELOPMENTAL DISABILITIES MANAGE 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228	77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212
Facility Information: NORTH SHEPHERD HOUSE 1112 N SHEPHERD BAYTOWN Phone (281) 837-6238 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: OLIVE LIVING CENTER 2301 OLIVE CIRCLE BAYTOWN Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	77520	(713) 271-8585 0 0 0 Reg Svcs: (713) 472-2332 0	ICF/IID: 6 UNIT 21 (ICF/MR)	ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information DEVELOPMENTAL DISABILITIES MANAGE 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID	77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212
Facility Information: NORTH SHEPHERD HOUSE 1112 N SHEPHERD BAYTOWN Phone (281) 837-6238 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: OLIVE LIVING CENTER 2301 OLIVE CIRCLE BAYTOWN Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	77520	(713) 271-8585 0 0 0 Reg Svcs: (713) 472-2332 0 0	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information DEVELOPMENTAL DISABILITIES MANAGE 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED
Facility Information: NORTH SHEPHERD HOUSE 1112 N SHEPHERD BAYTOWN Phone (281) 837-6238 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: OLIVE LIVING CENTER 2301 OLIVE CIRCLE BAYTOWN Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: CLASSIC GROUP HOME	TX Facility ID:	77520 Fax TITLE 18: TITLE19: TITLE 18/19: 007565 77522 Fax TITLE 18: TITLE 19: TITLE 18/19:	(713) 271-8585 0 0 0 Reg Svcs: (713) 472-2332 0 0	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information DEVELOPMENTAL DISABILITIES MANAGE 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED
Facility Information: NORTH SHEPHERD HOUSE 1112 N SHEPHERD BAYTOWN Phone (281) 837-6238 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: OLIVE LIVING CENTER 2301 OLIVE CIRCLE BAYTOWN Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information:	TX Facility ID:	77520 Fax TITLE 18: TITLE19: TITLE 18/19: 007565 77522 Fax TITLE 18: TITLE 19: TITLE 18/19:	(713) 271-8585 0 0 0 Reg Svcs: (713) 472-2332 0 0	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information DEVELOPMENTAL DISABILITIES MANAGE 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information SHIRLEY SHAW 18511 NORTH ROARING RIVER COURT	77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: NORTH SHEPHERD HOUSE 1112 N SHEPHERD BAYTOWN Phone (281) 837-6238 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: OLIVE LIVING CENTER 2301 OLIVE CIRCLE BAYTOWN Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: CLASSIC GROUP HOME 1454 SOMERCOTES LANE	TX Facility ID: TX Facility ID:	77520 Fax TITLE 18: TITLE 19: TITLE 18/19: 007565 77522 Fax TITLE 18: TITLE 19: TITLE 18/19:	(713) 271-8585 0 0 0 Reg Svcs: (713) 472-2332 0 0	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information DEVELOPMENTAL DISABILITIES MANAGE 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information SHIRLEY SHAW	77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED
Facility Information: NORTH SHEPHERD HOUSE 1112 N SHEPHERD BAYTOWN Phone (281) 837-6238 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: OLIVE LIVING CENTER 2301 OLIVE CIRCLE BAYTOWN Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: CLASSIC GROUP HOME 1454 SOMERCOTES LANE CHANNELVIEW Phone (281) 452-4661	TX Facility ID: TX Facility ID:	77520	(713) 271-8585 0 0 0 Reg Svcs: (713) 472-2332 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information DEVELOPMENTAL DISABILITIES MANAGE 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information SHIRLEY SHAW 18511 NORTH ROARING RIVER COURT	77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: NORTH SHEPHERD HOUSE 1112 N SHEPHERD BAYTOWN Phone (281) 837-6238 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: OLIVE LIVING CENTER 2301 OLIVE CIRCLE BAYTOWN Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: CLASSIC GROUP HOME 1454 SOMERCOTES LANE CHANNELVIEW	TX Facility ID: TX Facility ID:	77520	(713) 271-8585 0 0 0 Reg Svcs: (713) 472-2332 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6 UNIT 21 (ICF/MR)	ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information DEVELOPMENTAL DISABILITIES MANAGE 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information SHIRLEY SHAW 18511 NORTH ROARING RIVER COURT HUMBLE TX	77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: NORTH SHEPHERD HOUSE 1112 N SHEPHERD BAYTOWN Phone (281) 837-6238 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: OLIVE LIVING CENTER 2301 OLIVE CIRCLE BAYTOWN Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: CLASSIC GROUP HOME 1454 SOMERCOTES LANE CHANNELVIEW Phone (281) 452-4661 TOTAL Lic Capacity: 0	TX Facility ID: TX Facility ID:	77520	(713) 271-8585 0 0 0 Reg Svcs: (713) 472-2332 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6 UNIT 21 (ICF/MR)	ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information DEVELOPMENTAL DISABILITIES MANAGE 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information SHIRLEY SHAW 18511 NORTH ROARING RIVER COURT HUMBLE TX PHONE: (713) 979-6193	77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON 77346 FAX: (281) 452-4639

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County HARRIS			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	003608	, and the second	, ,	Owner Information	-
CYPRESS COTTAGE					REACH UNLIMITED INC	
11914 MUELLER CEMETERY I		77.400			12777 JONES RD	,#103
CYPRESS Phone (281) 373-9404	TX	77429 Fax	(281) 373-3820		HOUSTON TX	77070
TOTAL Lic Capacity: 0		TITLE 18:	` '	ICF/IID: 6	PHONE : (281) 469-8058	FAX : (281) 469-5030
Cert Alzh Capacity: 0		TITLE 10.		ICITIID. 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 06/14/2018	
County HARRIS			Reg Svcs:	UNIT 21 (ICF/MR)	<u>.</u>	Region 06 - HOUSTON
Facility Information:	Facility ID:	003654	Neg 3vcs.	UNIT 21 (ICF/WIK)	Owner Information	Region 00 - HOUSTON
CYPRESS GROUP HOME					BETHESDA LUTHERAN COMMUNITIES	INC
18211 K Z RD					18937 K Z RD	
CYPRESS	TX	77433			CYPRESS TX	77433
Phone (281) 516-4000		Fax	(281) 351-5897		PHONE : (281) 516-4000	FAX : (281) 351-5897
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:				SERVICE TIPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 03/20/2018	
County HARRIS			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	003655			Owner Information	
GOOD SAMARITAN GROUP H 18937 K Z RD	IOME				BETHESDA LUTHERAN COMMUNITIES	SINC
CYPRESS	TX	77433			18937 K Z RD	77100
Phone (281) 516-4000		Fax	(281) 351-5897		CYPRESS TX	77433
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (281) 516-4000	FAX : (281) 351-5897
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 03/22/2018	
County HARRIS			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
County HARRIS Facility Information:	Facility ID:	003615	Reg Svcs:	UNIT 21 (ICF/MR)	Owner Information	Region 06 - HOUSTON
Facility Information: KINGS COURT GROUP HOME	•	003615	Reg Svcs:	UNIT 21 (ICF/MR)	Owner Information BETHESDA LUTHERAN COMMUNITIES	·
Facility Information:	•	003615 77429	Reg Svcs:	UNIT 21 (ICF/MR)	BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD	INC
Facility Information: KINGS COURT GROUP HOME 17626 KINGS CT			Reg Svcs:	UNIT 21 (ICF/MR)	BETHESDA LUTHERAN COMMUNITIES	·
Facility Information: KINGS COURT GROUP HOME 17626 KINGS CT CYPRESS Phone (281) 576-4000		77429	(281) 351-5897	UNIT 21 (ICF/MR) ICF/IID: 6	BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD	INC
Facility Information: KINGS COURT GROUP HOME 17626 KINGS CT CYPRESS		77429 Fax	(281) 351-5897 0		BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX	77433
Facility Information: KINGS COURT GROUP HOME 17626 KINGS CT CYPRESS Phone (281) 576-4000 TOTAL Lic Capacity: 0		77429 Fax TITLE 18:	(281) 351-5897 0		BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000	77433 FAX: (281) 351-5897
Facility Information: KINGS COURT GROUP HOME 17626 KINGS CT CYPRESS Phone (281) 576-4000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0		77429 Fax TITLE 18: TITLE19:	(281) 351-5897 0		BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000 PROGRAM TYPE: ICF/IID	77433 FAX: (281) 351-5897
Facility Information: KINGS COURT GROUP HOME 17626 KINGS CT CYPRESS Phone (281) 576-4000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0		77429 Fax TITLE 18: TITLE19:	(281) 351-5897 0 0	ICF/IID: 6	BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000 PROGRAM TYPE: ICF/IID	77433 FAX: (281) 351-5897 SERVICE TYPE PRIVATELY OWNED
Facility Information: KINGS COURT GROUP HOME 17626 KINGS CT CYPRESS Phone (281) 576-4000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS	TX Facility ID:	77429 Fax TITLE 18: TITLE19: TITLE 18/19:	(281) 351-5897 0 0	ICF/IID: 6	BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000 PROGRAM TYPE: ICF/IID License Exp Dt: 07/14/2018	FAX: (281) 351-5897 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: KINGS COURT GROUP HOME 17626 KINGS CT CYPRESS Phone (281) 576-4000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: MAVERICK VALLEY GROUP H 14802 MAVERICK VALLEY LAI	TX Facility ID: HOME NE	77429 Fax TITLE 18: TITLE19: TITLE 18/19: 003619	(281) 351-5897 0 0	ICF/IID: 6	BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000 PROGRAM TYPE: ICF/IID License Exp Dt: 07/14/2018 Owner Information	FAX: (281) 351-5897 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: KINGS COURT GROUP HOME 17626 KINGS CT CYPRESS Phone (281) 576-4000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: MAVERICK VALLEY GROUP H 14802 MAVERICK VALLEY LAI CYPRESS	TX Facility ID:	77429 Fax TITLE 18: TITLE 19: TITLE 18/19: 003619	(281) 351-5897 0 0 0 Reg Svcs:	ICF/IID: 6	BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000 PROGRAM TYPE: ICF/IID License Exp Dt: 07/14/2018 Owner Information BETHESDA LUTHERAN COMMUNITIES	FAX: (281) 351-5897 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: KINGS COURT GROUP HOME 17626 KINGS CT CYPRESS Phone (281) 576-4000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: MAVERICK VALLEY GROUP H 14802 MAVERICK VALLEY LAI CYPRESS Phone (281) 758-4865	TX Facility ID: HOME NE	77429 Fax TITLE 18: TITLE 19: TITLE 18/19: 003619 77429 Fax	(281) 351-5897 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR)	BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000 PROGRAM TYPE: ICF/IIID License Exp Dt: 07/14/2018 Owner Information BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD	FAX: (281) 351-5897 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: KINGS COURT GROUP HOME 17626 KINGS CT CYPRESS Phone (281) 576-4000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: MAVERICK VALLEY GROUP H 14802 MAVERICK VALLEY LAI CYPRESS Phone (281) 758-4865 TOTAL Lic Capacity: 0	TX Facility ID: HOME NE	77429	(281) 351-5897 0 0 0 Reg Svcs:	ICF/IID: 6	BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000 PROGRAM TYPE: ICF/IID License Exp Dt: 07/14/2018 Owner Information BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX	FAX: (281) 351-5897 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON FINC
Facility Information: KINGS COURT GROUP HOME 17626 KINGS CT CYPRESS Phone (281) 576-4000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: MAVERICK VALLEY GROUP H 14802 MAVERICK VALLEY LAI CYPRESS Phone (281) 758-4865	TX Facility ID: HOME NE	77429 Fax TITLE 18: TITLE 19: TITLE 18/19: 003619 77429 Fax	(281) 351-5897 0 0 0 Reg Svcs: (281) 351-5897 0	ICF/IID: 6 UNIT 21 (ICF/MR)	BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000 PROGRAM TYPE: ICF/IID License Exp Dt: 07/14/2018 Owner Information BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000	77433 FAX: (281) 351-5897 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON 77433 FAX: (281) 351-5897
Facility Information: KINGS COURT GROUP HOME 17626 KINGS CT CYPRESS Phone (281) 576-4000 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: MAVERICK VALLEY GROUP H 14802 MAVERICK VALLEY LAI CYPRESS Phone (281) 758-4865 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID: HOME NE	77429	(281) 351-5897 0 0 0 Reg Svcs: (281) 351-5897 0 0	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000 PROGRAM TYPE: ICF/IID License Exp Dt: 07/14/2018 Owner Information BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000 PROGRAM TYPE: ICF/IID	77433 FAX: (281) 351-5897 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON FINC 77433 FAX: (281) 351-5897 SERVICE TYPE PRIVATELY OWNED
Facility Information: KINGS COURT GROUP HOME 17626 KINGS CT CYPRESS Phone (281) 576-4000 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: MAVERICK VALLEY GROUP H 14802 MAVERICK VALLEY LAI CYPRESS Phone (281) 758-4865 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS	Facility ID: HOME NE TX	77429 Fax TITLE 18: TITLE 18/19: 003619 77429 Fax TITLE 18: TITLE 18: TITLE 18: TITLE 19:	(281) 351-5897 0 0 0 Reg Svcs: (281) 351-5897 0	ICF/IID: 6 UNIT 21 (ICF/MR)	BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000 PROGRAM TYPE: ICF/IID License Exp Dt: 07/14/2018 Owner Information BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000 PROGRAM TYPE: ICF/IID License Exp Dt: 07/31/2018	77433 FAX: (281) 351-5897 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON 77433 FAX: (281) 351-5897
Facility Information: KINGS COURT GROUP HOME 17626 KINGS CT CYPRESS Phone (281) 576-4000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: MAVERICK VALLEY GROUP H 14802 MAVERICK VALLEY LAT CYPRESS Phone (281) 758-4865 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information:	TX Facility ID: HOME NE	77429	(281) 351-5897 0 0 0 Reg Svcs: (281) 351-5897 0 0	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000 PROGRAM TYPE: ICF/IID License Exp Dt: 07/14/2018 Owner Information BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000 PROGRAM TYPE: ICF/IID License Exp Dt: 07/31/2018	77433 FAX: (281) 351-5897 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON FINC 77433 FAX: (281) 351-5897 SERVICE TYPE PRIVATELY OWNED
Facility Information: KINGS COURT GROUP HOME 17626 KINGS CT CYPRESS Phone (281) 576-4000 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: MAVERICK VALLEY GROUP H 14802 MAVERICK VALLEY LAI CYPRESS Phone (281) 758-4865 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: MUELLER HOUSE 11910 MUELLER CEMETERY I	Facility ID: HOME NE TX Facility ID:	77429	(281) 351-5897 0 0 0 Reg Svcs: (281) 351-5897 0 0	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000 PROGRAM TYPE: ICF/IID License Exp Dt: 07/14/2018 Owner Information BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000 PROGRAM TYPE: ICF/IID License Exp Dt: 07/31/2018 Owner Information REACH UNLIMITED INC	77433 FAX: (281) 351-5897 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON FAX: (281) 351-5897 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: KINGS COURT GROUP HOME 17626 KINGS CT CYPRESS Phone (281) 576-4000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: MAVERICK VALLEY GROUP H 14802 MAVERICK VALLEY LAI CYPRESS Phone (281) 758-4865 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: MUELLER HOUSE 11910 MUELLER CEMETERY II CYPRESS	Facility ID: HOME NE TX Facility ID:	77429	(281) 351-5897 0 0 0 Reg Svcs: (281) 351-5897 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000 PROGRAM TYPE: ICF/IID License Exp Dt: 07/14/2018 Owner Information BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000 PROGRAM TYPE: ICF/IID License Exp Dt: 07/31/2018	77433 FAX: (281) 351-5897 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON FINC 77433 FAX: (281) 351-5897 SERVICE TYPE PRIVATELY OWNED
Facility Information: KINGS COURT GROUP HOME 17626 KINGS CT CYPRESS Phone (281) 576-4000 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: MAVERICK VALLEY GROUP H 14802 MAVERICK VALLEY LAI CYPRESS Phone (281) 758-4865 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: MUELLER HOUSE 11910 MUELLER CEMETERY I	Facility ID: HOME NE TX Facility ID:	77429	(281) 351-5897 0 0 0 Reg Svcs: (281) 351-5897 0 0	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000 PROGRAM TYPE: ICF/IIID License Exp Dt: 07/14/2018 Owner Information BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000 PROGRAM TYPE: ICF/IID License Exp Dt: 07/31/2018 Owner Information REACH UNLIMITED INC 12777 JONES RD HOUSTON TX	FAX: (281) 351-5897 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON FAX: (281) 351-5897 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON Region 06 - HOUSTON ,#103 77070
Facility Information: KINGS COURT GROUP HOME 17626 KINGS CT CYPRESS Phone (281) 576-4000 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: MAVERICK VALLEY GROUP H 14802 MAVERICK VALLEY LAI CYPRESS Phone (281) 758-4865 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: MUELLER CEMETERY II CYPRESS Phone (281) 373-9406 TOTAL Lic Capacity: 0	Facility ID: HOME NE TX Facility ID:	77429	(281) 351-5897 0 0 0 Reg Svcs: (281) 351-5897 0 0 0 Reg Svcs: (281) 373-4074	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000 PROGRAM TYPE: ICF/IID License Exp Dt: 07/14/2018 Owner Information BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000 PROGRAM TYPE: ICF/IID License Exp Dt: 07/31/2018 Owner Information REACH UNLIMITED INC 12777 JONES RD HOUSTON TX PHONE: (281) 469-8058	FAX: (281) 351-5897 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON FAX: (281) 351-5897 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON #103 77070 FAX: (281) 469-5030
Facility Information: KINGS COURT GROUP HOME 17626 KINGS CT CYPRESS Phone (281) 576-4000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: MAVERICK VALLEY GROUP H 14802 MAVERICK VALLEY LAI CYPRESS Phone (281) 758-4865 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: MUELLER HOUSE 11910 MUELLER CEMETERY I CYPRESS Phone (281) 373-9406	Facility ID: HOME NE TX Facility ID:	77429	(281) 351-5897 0 0 0 Reg Svcs: (281) 351-5897 0 0 0 Reg Svcs: (281) 373-4074 0	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6 UNIT 21 (ICF/MR)	BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000 PROGRAM TYPE: ICF/IIID License Exp Dt: 07/14/2018 Owner Information BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000 PROGRAM TYPE: ICF/IID License Exp Dt: 07/31/2018 Owner Information REACH UNLIMITED INC 12777 JONES RD HOUSTON TX	FAX: (281) 351-5897 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON FAX: (281) 351-5897 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON Region 06 - HOUSTON ,#103 77070

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County HARRIS			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	003909			Owner Information	
NORTHWEST VILLA COMMUI	NITY HOME				EDUCARE COMMUNITY LIVING LIMITED	PARTNERSHIP
11910 MEADOWVIEW DR CYPRESS	TX	77429			9901 LINN STATION ROAD	
Phone (281) 370-2103		Fax			LOUISVILLE KY	40223-3808
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (502) 394-2100	FAX : (502) 394-2285
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2019	
County HARRIS			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	007283			Owner Information	
GARDEN LIVING CENTER					DEVELOPMENTAL DISABILITIES MANA	GEMENT SERVICES OF HOUSTON LLC
913 E X STREET DEER PARK	TX	77536			4115 GALVESTON RD	
Phone (713) 475-2228		Fax	(713) 475-2212		HOUSTON TX	77017
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (713) 475-2228	FAX : (713) 475-2212
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2019	
County HARRIS		-	Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	007424			Owner Information	
HENDERSON LIVING CENTER	₹				DEVELOPMENTAL DISABILITIES MANA	GEMENT SERVICES OF HOUSTON LLC
2601 HENDERSON LN DEER PARK	TX	77536			4115 GALVESTON RD	
Phone (713) 475-2220		Fax	(713) 472-2332		HOUSTON TX	77017
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (713) 475-2228	FAX: (713) 475-2212
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2017	
•						
County HARRIS			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
County HARRIS Facility Information:	Facility ID:	007284	Reg Svcs:	UNIT 21 (ICF/MR)	Owner Information	Region 06 - HOUSTON
Facility Information: WINDSOR LIVING CENTER	Facility ID:	007284	Reg Svcs:	UNIT 21 (ICF/MR)	Owner Information DEVELOPMENTAL DISABILITIES MANA	v
Facility Information: WINDSOR LIVING CENTER 3602 WINDSOR LN	·		Reg Svcs:	UNIT 21 (ICF/MR)		v
Facility Information: WINDSOR LIVING CENTER	Facility ID:	007284 77536 Fax	Reg Svcs:	UNIT 21 (ICF/MR)	DEVELOPMENTAL DISABILITIES MANA	v
Facility Information: WINDSOR LIVING CENTER 3602 WINDSOR LN DEER PARK Phone (713) 475-2220	·	77536 Fax	(713) 472-2332	, ,	DEVELOPMENTAL DISABILITIES MANA	GEMENT SERVICES OF HOUSTON LLC
Facility Information: WINDSOR LIVING CENTER 3602 WINDSOR LN DEER PARK	·	77536	(713) 472-2332 0	UNIT 21 (ICF/MR) ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX	GEMENT SERVICES OF HOUSTON LLC 77017
Facility Information: WINDSOR LIVING CENTER 3602 WINDSOR LN DEER PARK Phone (713) 475-2220 TOTAL Lic Capacity: 0	·	77536 Fax TITLE 18:	(713) 472-2332 0 0	, ,	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212
Facility Information: WINDSOR LIVING CENTER 3602 WINDSOR LN DEER PARK Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	77536 Fax TITLE 18: TITLE19:	(713) 472-2332 0 0	, ,	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212
Facility Information: WINDSOR LIVING CENTER 3602 WINDSOR LN DEER PARK Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	77536 Fax TITLE 18: TITLE19:	(713) 472-2332 0 0	ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED
Facility Information: WINDSOR LIVING CENTER 3602 WINDSOR LN DEER PARK Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: 1801 BRANARD	тх	77536 Fax TITLE 18: TITLE19: TITLE 18/19:	(713) 472-2332 0 0	ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED
Facility Information: WINDSOR LIVING CENTER 3602 WINDSOR LN DEER PARK Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: 1801 BRANARD 1801 BRANARD	TX Facility ID:	77536 Fax TITLE 18: TITLE19: TITLE 18/19:	(713) 472-2332 0 0	ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED
Facility Information: WINDSOR LIVING CENTER 3602 WINDSOR LN DEER PARK Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: 1801 BRANARD	тх	77536 Fax TITLE 18: TITLE19: TITLE 18/19:	(713) 472-2332 0 0	ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information ST GILES - BAYTOWN INC	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED
Facility Information: WINDSOR LIVING CENTER 3602 WINDSOR LN DEER PARK Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: 1801 BRANARD 1801 BRANARD ST HOUSTON Phone (713) 524-7473	TX Facility ID:	77536 Fax TITLE 18: TITLE 19: TITLE 18/19: 007661 77098 Fax	(713) 472-2332 0 0 0 Reg Svcs:	ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information ST GILES - BAYTOWN INC 2203 KILGORE ROAD	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: WINDSOR LIVING CENTER 3602 WINDSOR LN DEER PARK Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: 1801 BRANARD 1801 BRANARD 1801 BRANARD ST HOUSTON	TX Facility ID:	77536	(713) 472-2332 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR)	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: WINDSOR LIVING CENTER 3602 WINDSOR LN DEER PARK Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: 1801 BRANARD 1801 BRANARD ST HOUSTON Phone (713) 524-7473 TOTAL Lic Capacity: 0	TX Facility ID:	77536 Fax TITLE 18: TITLE 18/19: 007661 77098 Fax TITLE 18:	(713) 472-2332 0 0 0 Reg Svcs: (713) 524-4153 0	ICF/IID: 6 UNIT 21 (ICF/MR)	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON 77520 FAX: (281) 427-0586
Facility Information: WINDSOR LIVING CENTER 3602 WINDSOR LN DEER PARK Phone (713) 475-2220 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: 1801 BRANARD 1801 BRANARD 1801 BRANARD ST HOUSTON Phone (713) 524-7473 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	77536	(713) 472-2332 0 0 0 Reg Svcs: (713) 524-4153 0	ICF/IID: 6 UNIT 21 (ICF/MR)	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON 77520 FAX: (281) 427-0586
Facility Information: WINDSOR LIVING CENTER 3602 WINDSOR LN DEER PARK Phone (713) 475-2220 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: 1801 BRANARD 1801 BRANARD ST HOUSTON Phone (713) 524-7473 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	77536	(713) 472-2332 0 0 0 Reg Svcs: (713) 524-4153 0 0	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 13	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON 77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED
Facility Information: WINDSOR LIVING CENTER 3602 WINDSOR LN DEER PARK Phone (713) 475-2220 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: 1801 BRANARD 1801 BRANARD ST HOUSTON Phone (713) 524-7473 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: 60 County HARRIS Facility Information: 616 WEST BELL	TX Facility ID:	77536 Fax TITLE 18: TITLE 18/19: 007661 77098 Fax TITLE 18: TITLE 19: TITLE 18/19:	(713) 472-2332 0 0 0 Reg Svcs: (713) 524-4153 0 0	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 13	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON 77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED
Facility Information: WINDSOR LIVING CENTER 3602 WINDSOR LN DEER PARK Phone (713) 475-2220 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: 1801 BRANARD 1801 BRANARD ST HOUSTON Phone (713) 524-7473 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: 616 WEST BELL 616 W BELL ST	TX Facility ID: TX Facility ID:	77536 Fax TITLE 18: TITLE 19: 007661 77098 Fax TITLE 18: TITLE 19: TITLE 18/19:	(713) 472-2332 0 0 0 Reg Svcs: (713) 524-4153 0 0	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 13	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON 77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED
Facility Information: WINDSOR LIVING CENTER 3602 WINDSOR LN DEER PARK Phone (713) 475-2220 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: 1801 BRANARD 1801 BRANARD ST HOUSTON Phone (713) 524-7473 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: 616 WEST BELL 616 W BELL ST HOUSTON	TX Facility ID:	77536 Fax TITLE 18: TITLE 18/19: 007661 77098 Fax TITLE 18: TITLE 19: TITLE 18/19:	(713) 472-2332 0 0 0 Reg Svcs: (713) 524-4153 0 0 0	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 13	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information ST GILES - BAYTOWN INC	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON 77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED
Facility Information: WINDSOR LIVING CENTER 3602 WINDSOR LN DEER PARK Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: 1801 BRANARD 1801 BRANARD ST HOUSTON Phone (713) 524-7473 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: 616 WEST BELL 616 W BELL ST HOUSTON Phone (713) 524-5392	TX Facility ID: TX Facility ID:	77536	(713) 472-2332 0 0 0 Reg Svcs: (713) 524-4153 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 13 UNIT 21 (ICF/MR)	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON 77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: WINDSOR LIVING CENTER 3602 WINDSOR LN DEER PARK Phone (713) 475-2220 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: 1801 BRANARD 1801 BRANARD ST HOUSTON Phone (713) 524-7473 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: 616 WEST BELL 616 W BELL ST HOUSTON	TX Facility ID: TX Facility ID:	77536	(713) 472-2332 0 0 0 Reg Svcs: (713) 524-4153 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 13	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON 77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: WINDSOR LIVING CENTER 3602 WINDSOR LN DEER PARK Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: 1801 BRANARD 1801 BRANARD ST HOUSTON Phone (713) 524-7473 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: 616 WEST BELL 616 W BELL ST HOUSTON Phone (713) 524-5392 TOTAL Lic Capacity: 0	TX Facility ID: TX Facility ID:	77536	(713) 472-2332 0 0 0 Reg Svcs: (713) 524-4153 0 0 0 Reg Svcs: (713) 524-3821 0	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 13 UNIT 21 (ICF/MR)	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 Owner Information ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON 77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON

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County HARRIS			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	007548	·	, ,	Owner Information	•
APRIL WIND HOUSE					COMMUNITY HEALTHCARE SERVICES	INC
3015 APRIL WIND HOUSTON	TX	77014			3015 APRIL WIND DR	
Phone (281) 893-9090	17	Fax	(281) 893-0707		HOUSTON TX	77014
TOTAL Lic Capacity: 0		TITLE 18:	, ,	ICF/IID: 6	PHONE : (281) 893-9090	FAX: (281) 893-0707
Cert Alzh Capacity: 0		TITLE 19:		IOI/IID. 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 12/01/2017	
O I HARRIO				1111T 04 (105(MP)		D : as Helloton
County HARRIS	Facility ID:	102827	Reg Svcs:	UNIT 21 (ICF/MR)	Owner Information	Region 06 - HOUSTON
Facility Information: AVONDALE HOUSE	racility ID.	102021			AVONDALE HOUSE	
5614 BENNING					3737 OMEARA DR	
HOUSTON	TX	77096			HOUSTON TX	77025
Phone (713) 726-1239		Fax			PHONE : (713) 993-9589	FAX: (713) 993-0751
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	,	,
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 11/29/2018	
County HARRIS			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	010183			Owner Information	
AVONDALE HOUSE III					AVONDALE HOUSE	
4826 MCDERMED HOUSTON	TX	77035			3737 OMEARA DR	
Phone (713) 993-9544	1.	Fax	(713) 993-0751		HOUSTON TX	77025
TOTAL Lic Capacity: 0		TITLE 18:	• •	ICF/IID: 6	PHONE : (713) 993-9589	FAX: (713) 993-0751
Cert Alzh Capacity: 0		TITLE 19:		IOI MID.	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 02/07/2018	
					•	
			5 0	10 UT 01 (10 E 74 E)		D : 00 HOUSTON
County HARRIS	Eggility ID:	010102	Reg Svcs:	UNIT 21 (ICF/MR)	Owner Information	Region 06 - HOUSTON
Facility Information:	Facility ID:	010182	Reg Svcs:	UNIT 21 (ICF/MR)	Owner Information	Region 06 - HOUSTON
· ·	Facility ID:	010182	Reg Svcs:	UNIT 21 (ICF/MR)	AVONDALE HOUSE	Region 06 - HOUSTON
Facility Information: AVONDALE HOUSE II	Facility ID:	010182 77025	·	UNIT 21 (ICF/MR)	AVONDALE HOUSE 3737 OMEARA DR	·
Facility Information: AVONDALE HOUSE II 8515 BLUEGATE	·		Reg Svcs: (713) 993-0751	UNIT 21 (ICF/MR)	AVONDALE HOUSE 3737 OMEARA DR HOUSTON TX	77025
Facility Information: AVONDALE HOUSE II 8515 BLUEGATE HOUSTON	·	77025	(713) 993-0751	UNIT 21 (ICF/MR) ICF/IID: 6	AVONDALE HOUSE 3737 OMEARA DR HOUSTON TX PHONE: (713) 993-9589	77025 FAX: (713) 993-0751
Facility Information: AVONDALE HOUSE II 8515 BLUEGATE HOUSTON Phone (713) 993-9544	·	77025 Fax	(713) 993-0751 0	` , , , , , , , , , , , , , , , , , , ,	AVONDALE HOUSE 3737 OMEARA DR HOUSTON TX	77025
Facility Information: AVONDALE HOUSE II 8515 BLUEGATE HOUSTON Phone (713) 993-9544 TOTAL Lic Capacity: 0	·	77025 Fax TITLE 18:	(713) 993-0751 0	` , , , , , , , , , , , , , , , , , , ,	AVONDALE HOUSE 3737 OMEARA DR HOUSTON TX PHONE: (713) 993-9589	77025 FAX: (713) 993-0751
Facility Information: AVONDALE HOUSE II 8515 BLUEGATE HOUSTON Phone (713) 993-9544 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	77025 Fax TITLE 18: TITLE19:	(713) 993-0751 0	` , , , , , , , , , , , , , , , , , , ,	AVONDALE HOUSE 3737 OMEARA DR HOUSTON TX PHONE: (713) 993-9589 PROGRAM TYPE: ICF/IID	77025 FAX: (713) 993-0751
Facility Information: AVONDALE HOUSE II 8515 BLUEGATE HOUSTON Phone (713) 993-9544 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	77025 Fax TITLE 18: TITLE19:	(713) 993-0751 0 0	ICF/IID: 6	AVONDALE HOUSE 3737 OMEARA DR HOUSTON TX PHONE: (713) 993-9589 PROGRAM TYPE: ICF/IID	77025 FAX: (713) 993-0751 SERVICE TYPE PRIVATELY OWNED
Facility Information: AVONDALE HOUSE II 8515 BLUEGATE HOUSTON Phone (713) 993-9544 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: BEARCREEK	тх	77025 Fax TITLE 18: TITLE19: TITLE 18/19:	(713) 993-0751 0 0	ICF/IID: 6	AVONDALE HOUSE 3737 OMEARA DR HOUSTON TX PHONE: (713) 993-9589 PROGRAM TYPE: ICF/IID License Exp Dt: 10/08/2017	77025 FAX: (713) 993-0751 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: AVONDALE HOUSE II 8515 BLUEGATE HOUSTON Phone (713) 993-9544 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information:	тх	77025 Fax TITLE 18: TITLE19: TITLE 18/19:	(713) 993-0751 0 0	ICF/IID: 6	AVONDALE HOUSE 3737 OMEARA DR HOUSTON TX PHONE: (713) 993-9589 PROGRAM TYPE: ICF/IID License Exp Dt: 10/08/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORED 1 COR	77025 FAX: (713) 993-0751 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON PRATION - GULF COAST
Facility Information: AVONDALE HOUSE II 8515 BLUEGATE HOUSTON Phone (713) 993-9544 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: BEARCREEK 5006 STANHOPE	TX Facility ID:	77025 Fax TITLE 18: TITLE19: TITLE 18/19:	(713) 993-0751 0 0	ICF/IID: 6	AVONDALE HOUSE 3737 OMEARA DR HOUSTON TX PHONE: (713) 993-9589 PROGRAM TYPE: ICF/IID License Exp Dt: 10/08/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO	77025 FAX: (713) 993-0751 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: AVONDALE HOUSE II 8515 BLUEGATE HOUSTON Phone (713) 993-9544 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: BEARCREEK 5006 STANHOPE HOUSTON Phone (281) 463-2227	TX Facility ID:	77025	(713) 993-0751 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR)	AVONDALE HOUSE 3737 OMEARA DR HOUSTON TX PHONE: (713) 993-9589 PROGRAM TYPE: ICF/IID License Exp Dt: 10/08/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORED 1 COR	77025 FAX: (713) 993-0751 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON PRATION - GULF COAST
Facility Information: AVONDALE HOUSE II 8515 BLUEGATE HOUSTON Phone (713) 993-9544 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: BEARCREEK 5006 STANHOPE HOUSTON Phone (281) 463-2227 TOTAL Lic Capacity: 0	TX Facility ID:	77025	(713) 993-0751 0 0 0 Reg Svcs:	ICF/IID: 6	AVONDALE HOUSE 3737 OMEARA DR HOUSTON TX PHONE: (713) 993-9589 PROGRAM TYPE: ICF/IID License Exp Dt: 10/08/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY	77025 FAX: (713) 993-0751 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON PRATION - GULF COAST 40223-3808
Facility Information: AVONDALE HOUSE II 8515 BLUEGATE HOUSTON Phone (713) 993-9544 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: BEARCREEK 5006 STANHOPE HOUSTON Phone (281) 463-2227	TX Facility ID:	77025	(713) 993-0751 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR)	AVONDALE HOUSE 3737 OMEARA DR HOUSTON TX PHONE: (713) 993-9589 PROGRAM TYPE: ICF/IID License Exp Dt: 10/08/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700	77025 FAX: (713) 993-0751 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON PRATION - GULF COAST 40223-3808 FAX: (512) 498-2777
Facility Information: AVONDALE HOUSE II 8515 BLUEGATE HOUSTON Phone (713) 993-9544 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: BEARCREEK 5006 STANHOPE HOUSTON Phone (281) 463-2227 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	77025	(713) 993-0751 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	AVONDALE HOUSE 3737 OMEARA DR HOUSTON TX PHONE: (713) 993-9589 PROGRAM TYPE: ICF/IID License Exp Dt: 10/08/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID	77025 FAX: (713) 993-0751 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON PRATION - GULF COAST 40223-3808 FAX: (512) 498-2777 SERVICE TYPE PRIVATELY OWNED
Facility Information: AVONDALE HOUSE II 8515 BLUEGATE HOUSTON Phone (713) 993-9544 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: BEARCREEK 5006 STANHOPE HOUSTON Phone (281) 463-2227 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	77025	(713) 993-0751 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR)	AVONDALE HOUSE 3737 OMEARA DR HOUSTON TX PHONE: (713) 993-9589 PROGRAM TYPE: ICF/IID License Exp Dt: 10/08/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 05/02/2018	77025 FAX: (713) 993-0751 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON PRATION - GULF COAST 40223-3808 FAX: (512) 498-2777
Facility Information: AVONDALE HOUSE II 8515 BLUEGATE HOUSTON Phone (713) 993-9544 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: BEARCREEK 5006 STANHOPE HOUSTON Phone (281) 463-2227 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information:	TX Facility ID:	77025	(713) 993-0751 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	AVONDALE HOUSE 3737 OMEARA DR HOUSTON TX PHONE: (713) 993-9589 PROGRAM TYPE: ICF/IID License Exp Dt: 10/08/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 05/02/2018	77025 FAX: (713) 993-0751 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON PRATION - GULF COAST 40223-3808 FAX: (512) 498-2777 SERVICE TYPE PRIVATELY OWNED
Facility Information: AVONDALE HOUSE II 8515 BLUEGATE HOUSTON Phone (713) 993-9544 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: BEARCREEK 5006 STANHOPE HOUSTON Phone (281) 463-2227 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	77025	(713) 993-0751 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	AVONDALE HOUSE 3737 OMEARA DR HOUSTON TX PHONE: (713) 993-9589 PROGRAM TYPE: ICF/IID License Exp Dt: 10/08/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 05/02/2018 Owner Information VITA-LIVING INC	77025 FAX: (713) 993-0751 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON PRATION - GULF COAST 40223-3808 FAX: (512) 498-2777 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: AVONDALE HOUSE II 8515 BLUEGATE HOUSTON Phone (713) 993-9544 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: BEARCREEK 5006 STANHOPE HOUSTON Phone (281) 463-2227 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: BEARCREEK 5006 STANHOPE HOUSTON Phone (281) 463-2227 TOTAL Lic Capacity: 0 County HARRIS Facility Information: BEECHNUT HOUSE 8114 BEECHNUT HOUSTON	TX Facility ID:	77025	(713) 993-0751 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	AVONDALE HOUSE 3737 OMEARA DR HOUSTON TX PHONE: (713) 993-9589 PROGRAM TYPE: ICF/IID License Exp Dt: 10/08/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 05/02/2018	77025 FAX: (713) 993-0751 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON PRATION - GULF COAST 40223-3808 FAX: (512) 498-2777 SERVICE TYPE PRIVATELY OWNED
Facility Information: AVONDALE HOUSE II 8515 BLUEGATE HOUSTON Phone (713) 993-9544 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: BEARCREEK 5006 STANHOPE HOUSTON Phone (281) 463-2227 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: BEARCREEK 5006 STANHOPE HOUSTON Phone (281) 463-2227 TOTAL Lic Capacity: 0 County HARRIS Facility Information: BEECHNUT HOUSE 8114 BEECHNUT	TX Facility ID: TX Facility ID:	77025	(713) 993-0751 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	AVONDALE HOUSE 3737 OMEARA DR HOUSTON TX PHONE: (713) 993-9589 PROGRAM TYPE: ICF/IID License Exp Dt: 10/08/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 05/02/2018 Owner Information VITA-LIVING INC 3300 S GESSNER HOUSTON TX	77025 FAX: (713) 993-0751 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON PRATION - GULF COAST 40223-3808 FAX: (512) 498-2777 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON ,STE 150 77063
Facility Information: AVONDALE HOUSE II 8515 BLUEGATE HOUSTON Phone (713) 993-9544 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: BEARCREEK 5006 STANHOPE HOUSTON Phone (281) 463-2227 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: BEECHNUT HOUSE 8114 BEECHNUT HOUSTON Phone (713) 779-2684 TOTAL Lic Capacity: 0	TX Facility ID: TX Facility ID:	77025	(713) 993-0751 0 0 0 Reg Svcs: 0 0 0 0 (713) 981-4512	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	AVONDALE HOUSE 3737 OMEARA DR HOUSTON TX PHONE: (713) 993-9589 PROGRAM TYPE: ICF/IID License Exp Dt: 10/08/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 05/02/2018 Owner Information VITA-LIVING INC 3300 S GESSNER HOUSTON TX PHONE: (713) 271-5795	77025 FAX: (713) 993-0751 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON PRATION - GULF COAST 40223-3808 FAX: (512) 498-2777 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON ,STE 150 77063 FAX: (713) 981-4512
Facility Information: AVONDALE HOUSE II 8515 BLUEGATE HOUSTON Phone (713) 993-9544 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: BEARCREEK 5006 STANHOPE HOUSTON Phone (281) 463-2227 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: BEECHNUT HOUSE 8114 BEECHNUT HOUSTON Phone (713) 779-2684	TX Facility ID: TX Facility ID:	77025	(713) 993-0751 0 0 0 Reg Svcs: 0 0 0 0 (713) 981-4512 0	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6 UNIT 21 (ICF/MR)	AVONDALE HOUSE 3737 OMEARA DR HOUSTON TX PHONE: (713) 993-9589 PROGRAM TYPE: ICF/IID License Exp Dt: 10/08/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 05/02/2018 Owner Information VITA-LIVING INC 3300 S GESSNER HOUSTON TX	77025 FAX: (713) 993-0751 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON PRATION - GULF COAST 40223-3808 FAX: (512) 498-2777 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON ,STE 150 77063

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County HARRIS			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	007486			Owner Information	
BOSWORTH LIVING CENTER					DEVELOPMENTAL DISABILITIES MANA	AGEMENT SERVICES OF HOUSTON LLC
5126 BOSWORTH ST HOUSTON	TX	77017			4115 GALVESTON RD	
Phone (713) 475-2220		Fax	(713) 475-4332		HOUSTON TX	77017
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (713) 475-2228	FAX: (713) 475-2212
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2017	
County HARRIS			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	003915			Owner Information	
BRIAR GROVE PARK					EDUCARE COMMUNITY LIVING CORPO	DRATION - GULF COAST
10038 BRIAR FOREST DR HOUSTON	TX	77042			9901 LINN STATION ROAD	
Phone (713) 782-5454		Fax			LOUISVILLE KY	40223-3808
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (512) 498-2700	FAX : (512) 498-2777
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 03/01/2018	
County HARRIS			Reg Svcs:	UNIT 21 (ICF/MR)	<u> </u>	Region 06 - HOUSTON
Facility Information:	Facility ID:	003895	Reg Svcs.	UNIT 21 (ICF/MR)	Owner Information	Region 06 - HOUSTON
CAMPBELL HOUSE	. comey ib.	550000			VITA-LIVING INC	
1825 CAMPBELL					3300 S GESSNER	,STE 150
HOUSTON	TX	77080			HOUSTON TX	77063
Phone (713) 827-1159		Fax	(713) 827-1159		PHONE : (713) 271-5795	FAX: (713) 981-4512
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:				SERVICE THE THIVATEET OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 08/21/2018	
County HARRIS			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	003684	Reg Svcs:	UNIT 21 (ICF/MR)	Owner Information	Region 06 - HOUSTON
Facility Information: CAREW HOUSE	Facility ID:	003684	Reg Svcs:	UNIT 21 (ICF/MR)	VITA-LIVING INC	Ü
Facility Information:	Facility ID:	003684 77074	Reg Svcs:	UNIT 21 (ICF/MR)	VITA-LIVING INC 3300 S GESSNER	,STE 150
Facility Information: CAREW HOUSE 7410 CAREW STREET	·		Reg Svcs: (281) 492-8331	UNIT 21 (ICF/MR)	VITA-LIVING INC 3300 S GESSNER HOUSTON TX	,STE 150 77063
Facility Information: CAREW HOUSE 7410 CAREW STREET HOUSTON	·	77074	(281) 492-8331	UNIT 21 (ICF/MR) ICF/IID: 6	VITA-LIVING INC 3300 S GESSNER HOUSTON TX PHONE: (713) 271-5795	,STE 150
Facility Information: CAREW HOUSE 7410 CAREW STREET HOUSTON Phone (713) 271-9851	·	77074 Fax	(281) 492-8331 0	` , ,	VITA-LIVING INC 3300 S GESSNER HOUSTON TX	,STE 150 77063
Facility Information: CAREW HOUSE 7410 CAREW STREET HOUSTON Phone (713) 271-9851 TOTAL Lic Capacity: 0	·	77074 Fax TITLE 18:	(281) 492-8331 0 0	` , ,	VITA-LIVING INC 3300 S GESSNER HOUSTON TX PHONE: (713) 271-5795	,STE 150 77063 FAX: (713) 981-4512
Facility Information: CAREW HOUSE 7410 CAREW STREET HOUSTON Phone (713) 271-9851 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	77074 Fax TITLE 18: TITLE19:	(281) 492-8331 0 0	` , ,	VITA-LIVING INC 3300 S GESSNER HOUSTON TX PHONE: (713) 271-5795 PROGRAM TYPE: ICF/IID	,STE 150 77063 FAX: (713) 981-4512
Facility Information: CAREW HOUSE 7410 CAREW STREET HOUSTON Phone (713) 271-9851 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	77074 Fax TITLE 18: TITLE19:	(281) 492-8331 0 0	ICF/IID: 6	VITA-LIVING INC 3300 S GESSNER HOUSTON TX PHONE: (713) 271-5795 PROGRAM TYPE: ICF/IID	,STE 150 77063 FAX: (713) 981-4512 SERVICE TYPE PRIVATELY OWNED
Facility Information: CAREW HOUSE 7410 CAREW STREET HOUSTON Phone (713) 271-9851 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: COPPERFIELD	тх	77074 Fax TITLE 18: TITLE19: TITLE 18/19:	(281) 492-8331 0 0	ICF/IID: 6	VITA-LIVING INC 3300 S GESSNER HOUSTON TX PHONE: (713) 271-5795 PROGRAM TYPE: ICF/IID License Exp Dt: 02/23/2018	,STE 150 77063 FAX: (713) 981-4512 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: CAREW HOUSE 7410 CAREW STREET HOUSTON Phone (713) 271-9851 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: COPPERFIELD 15311 FOREST TRAILS	TX Facility ID:	77074 Fax TITLE 18: TITLE19: TITLE 18/19:	(281) 492-8331 0 0	ICF/IID: 6	VITA-LIVING INC 3300 S GESSNER HOUSTON TX PHONE: (713) 271-5795 PROGRAM TYPE: ICF/IID License Exp Dt: 02/23/2018 Owner Information	,STE 150 77063 FAX: (713) 981-4512 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: CAREW HOUSE 7410 CAREW STREET HOUSTON Phone (713) 271-9851 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: COPPERFIELD 15311 FOREST TRAILS HOUSTON	тх	77074 Fax TITLE 18: TITLE19: TITLE 18/19:	(281) 492-8331 0 0	ICF/IID: 6	VITA-LIVING INC 3300 S GESSNER HOUSTON TX PHONE: (713) 271-5795 PROGRAM TYPE: ICF/IID License Exp Dt: 02/23/2018 Owner Information EDUCARE COMMUNITY LIVING CORPORATION	,STE 150 77063 FAX: (713) 981-4512 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: CAREW HOUSE 7410 CAREW STREET HOUSTON Phone (713) 271-9851 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: COPPERFIELD 15311 FOREST TRAILS HOUSTON Phone (281) 855-0857	TX Facility ID:	77074	(281) 492-8331 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR)	VITA-LIVING INC 3300 S GESSNER HOUSTON TX PHONE: (713) 271-5795 PROGRAM TYPE: ICF/IID License Exp Dt: 02/23/2018 Owner Information EDUCARE COMMUNITY LIVING CORPORED 1 LINN STATION ROAD	,STE 150 77063 FAX: (713) 981-4512 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON DRATION - GULF COAST
Facility Information: CAREW HOUSE 7410 CAREW STREET HOUSTON Phone (713) 271-9851 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: COPPERFIELD 15311 FOREST TRAILS HOUSTON	TX Facility ID:	77074 Fax TITLE 18: TITLE19: TITLE 18/19: 003930 77095	(281) 492-8331 0 0 0 Reg Svcs:	ICF/IID: 6	VITA-LIVING INC 3300 S GESSNER HOUSTON TX PHONE: (713) 271-5795 PROGRAM TYPE: ICF/IID License Exp Dt: 02/23/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY	,STE 150 77063 FAX: (713) 981-4512 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON DRATION - GULF COAST 40223-3808
Facility Information: CAREW HOUSE 7410 CAREW STREET HOUSTON Phone (713) 271-9851 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: COPPERFIELD 15311 FOREST TRAILS HOUSTON Phone (281) 855-0857 TOTAL Lic Capacity: 0	TX Facility ID:	77074 Fax TITLE 18: TITLE 18/19: 003930 77095 Fax TITLE 18:	(281) 492-8331 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR)	VITA-LIVING INC 3300 S GESSNER HOUSTON TX PHONE: (713) 271-5795 PROGRAM TYPE: ICF/IID License Exp Dt: 02/23/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700	,STE 150 77063 FAX: (713) 981-4512 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON DRATION - GULF COAST 40223-3808 FAX: (512) 498-2777
Facility Information: CAREW HOUSE 7410 CAREW STREET HOUSTON Phone (713) 271-9851 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: COPPERFIELD 15311 FOREST TRAILS HOUSTON Phone (281) 855-0857 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	77074	(281) 492-8331 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	VITA-LIVING INC 3300 S GESSNER HOUSTON TX PHONE: (713) 271-5795 PROGRAM TYPE: ICF/IID License Exp Dt: 02/23/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID	,STE 150 77063 FAX: (713) 981-4512 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON DRATION - GULF COAST 40223-3808 FAX: (512) 498-2777 SERVICE TYPE PRIVATELY OWNED
Facility Information: CAREW HOUSE 7410 CAREW STREET HOUSTON Phone (713) 271-9851 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: COPPERFIELD 15311 FOREST TRAILS HOUSTON Phone (281) 855-0857 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	77074	(281) 492-8331 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR)	VITA-LIVING INC 3300 S GESSNER HOUSTON TX PHONE: (713) 271-5795 PROGRAM TYPE: ICF/IID License Exp Dt: 02/23/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID	,STE 150 77063 FAX: (713) 981-4512 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON DRATION - GULF COAST 40223-3808 FAX: (512) 498-2777
Facility Information: CAREW HOUSE 7410 CAREW STREET HOUSTON Phone (713) 271-9851 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: COPPERFIELD 15311 FOREST TRAILS HOUSTON Phone (281) 855-0857 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	77074 Fax TITLE 18: TITLE 19: 003930 77095 Fax TITLE 18: TITLE 19: TITLE 18/19:	(281) 492-8331 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	VITA-LIVING INC 3300 S GESSNER HOUSTON TX PHONE: (713) 271-5795 PROGRAM TYPE: ICF/IID License Exp Dt: 02/23/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018	,STE 150 77063 FAX: (713) 981-4512 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON DRATION - GULF COAST 40223-3808 FAX: (512) 498-2777 SERVICE TYPE PRIVATELY OWNED
Facility Information: CAREW HOUSE 7410 CAREW STREET HOUSTON Phone (713) 271-9851 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: COPPERFIELD 15311 FOREST TRAILS HOUSTON Phone (281) 855-0857 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: CUTTEN GREEN 11519 COLONIAL TRAIL	TX Facility ID: TX Facility ID:	77074 Fax TITLE 18: TITLE 19: TITLE 18/19: 003930 77095 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	(281) 492-8331 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	VITA-LIVING INC 3300 S GESSNER HOUSTON TX PHONE: (713) 271-5795 PROGRAM TYPE: ICF/IID License Exp Dt: 02/23/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018	,STE 150 77063 FAX: (713) 981-4512 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON DRATION - GULF COAST 40223-3808 FAX: (512) 498-2777 SERVICE TYPE PRIVATELY OWNED
Facility Information: CAREW HOUSE 7410 CAREW STREET HOUSTON Phone (713) 271-9851 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: COPPERFIELD 15311 FOREST TRAILS HOUSTON Phone (281) 855-0857 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: CUTTEN GREEN 11519 COLONIAL TRAIL HOUSTON	TX Facility ID:	77074	(281) 492-8331 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	VITA-LIVING INC 3300 S GESSNER HOUSTON TX PHONE: (713) 271-5795 PROGRAM TYPE: ICF/IID License Exp Dt: 02/23/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information REACH UNLIMITED INC	,STE 150 77063 FAX: (713) 981-4512 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON DRATION - GULF COAST 40223-3808 FAX: (512) 498-2777 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: CAREW HOUSE 7410 CAREW STREET HOUSTON Phone (713) 271-9851 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: COPPERFIELD 15311 FOREST TRAILS HOUSTON Phone (281) 855-0857 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: CUTTEN GREEN 11519 COLONIAL TRAIL HOUSTON Phone (281) 537-1679	TX Facility ID: TX Facility ID:	77074	(281) 492-8331 0 0 0 Reg Svcs: 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6 UNIT 21 (ICF/MR)	VITA-LIVING INC 3300 S GESSNER HOUSTON TX PHONE: (713) 271-5795 PROGRAM TYPE: ICF/IIID License Exp Dt: 02/23/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IIID License Exp Dt: 03/01/2018 Owner Information REACH UNLIMITED INC 12777 JONES RD	,STE 150
Facility Information: CAREW HOUSE 7410 CAREW STREET HOUSTON Phone (713) 271-9851 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: COPPERFIELD 15311 FOREST TRAILS HOUSTON Phone (281) 855-0857 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: COPPERFIELD 15311 FOREST TRAILS HOUSTON Phone (281) 855-0857 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: CUTTEN GREEN 11519 COLONIAL TRAIL HOUSTON Phone (281) 537-1679 TOTAL Lic Capacity: 0	TX Facility ID: TX Facility ID:	77074 Fax TITLE 18: TITLE 18/19: 003930 77095 Fax TITLE 18: TITLE 18: TITLE 19: 003643 77066 Fax TITLE 18: TITLE 18:	(281) 492-8331 0 0 0 Reg Svcs: 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	VITA-LIVING INC 3300 S GESSNER HOUSTON TX PHONE: (713) 271-5795 PROGRAM TYPE: ICF/IID License Exp Dt: 02/23/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information REACH UNLIMITED INC 12777 JONES RD HOUSTON TX	,STE 150
Facility Information: CAREW HOUSE 7410 CAREW STREET HOUSTON Phone (713) 271-9851 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: COPPERFIELD 15311 FOREST TRAILS HOUSTON Phone (281) 855-0857 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: CUTTEN GREEN 11519 COLONIAL TRAIL HOUSTON Phone (281) 537-1679	TX Facility ID: TX Facility ID:	77074	(281) 492-8331 0 0 0 Reg Svcs: 0 0 0 Reg Svcs: (281) 580-2951 0	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6 UNIT 21 (ICF/MR)	VITA-LIVING INC 3300 S GESSNER HOUSTON TX PHONE: (713) 271-5795 PROGRAM TYPE: ICF/IIID License Exp Dt: 02/23/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IIID License Exp Dt: 03/01/2018 Owner Information REACH UNLIMITED INC 12777 JONES RD HOUSTON TX PHONE: (281) 469-8058	,STE 150

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County HARRIS			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	003960			Owner Information	
DEERFIELD 18006 LONGCLIFFE					EDUCARE COMMUNITY LIVING CORPO	ORATION - GULF COAST
HOUSTON	TX	77084			9901 LINN STATION ROAD	40000 0000
Phone (281) 550-8604		Fax			LOUISVILLE KY	40223-3808
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (512) 498-2700	FAX: (512) 498-2777
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 03/01/2016	
County HARRIS			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	007616			Owner Information	
DESTINY HOUSE					EDUCARE COMMUNITY LIVING CORPO	ORATION - GULF COAST
8002 FAWN TERRACE HOUSTON	TX	77071			9901 LINN STATION ROAD	
Phone (713) 283-0711		Fax			LOUISVILLE KY	40223-3808
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (512) 498-2700	FAX: (512) 498-2777
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 07/31/2018	
County HARRIS			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	003910	9 00.		Owner Information	3
DONSKY HOUSE					MHMR AUTHORITY OF HARRIS COUN	TY
11511 BOB WHITE ST HOUSTON	TX	77035			2850 FANNIN	
Phone (713) 728-4956	17	Fax			HOUSTON TX	77265-5381
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE: (713) 750-5600	FAX:
Cert Alzh Capacity: 0		TITLE 10:		ICI /IID. 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt:	
·						
County HADDIC			Dog Cype:	LINIT 21 (ICE/MD)		Pagian 06 HOUSTON
County HARRIS Facility Information:	Facility ID:	003980	Reg Svcs:	UNIT 21 (ICF/MR)	Owner Information	Region 06 - HOUSTON
County HARRIS Facility Information: EBONY COMMUNITY HOME	Facility ID:	003980	Reg Svcs:	UNIT 21 (ICF/MR)	Owner Information EDUCARE COMMUNITY LIVING LIMITE	· ·
Facility Information: EBONY COMMUNITY HOME 2519 LOWER VALLEY DRIVE	·		Reg Svcs:	UNIT 21 (ICF/MR)		· ·
Facility Information: EBONY COMMUNITY HOME 2519 LOWER VALLEY DRIVE HOUSTON	Facility ID:	77067-1901	Reg Svcs:	UNIT 21 (ICF/MR)	EDUCARE COMMUNITY LIVING LIMITE	· ·
Facility Information: EBONY COMMUNITY HOME 2519 LOWER VALLEY DRIVE HOUSTON Phone (281) 586-7067	·	77067-1901 Fax	·	, ,	EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD	D PARTNERSHIP
Facility Information: EBONY COMMUNITY HOME 2519 LOWER VALLEY DRIVE HOUSTON Phone (281) 586-7067 TOTAL Lic Capacity: 0	·	77067-1901 Fax TITLE 18:	0	UNIT 21 (ICF/MR) ICF/IID: 6	EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY	ED PARTNERSHIP 40223-3808
Facility Information: EBONY COMMUNITY HOME 2519 LOWER VALLEY DRIVE HOUSTON Phone (281) 586-7067 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	77067-1901 Fax TITLE 18: TITLE19:	0 0	, ,	EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285
Facility Information: EBONY COMMUNITY HOME 2519 LOWER VALLEY DRIVE HOUSTON Phone (281) 586-7067 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	77067-1901 Fax TITLE 18:	0 0 0	ICF/IID: 6	EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100	40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
Facility Information: EBONY COMMUNITY HOME 2519 LOWER VALLEY DRIVE HOUSTON Phone (281) 586-7067 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS	тх	77067-1901 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0	, ,	EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285
Facility Information: EBONY COMMUNITY HOME 2519 LOWER VALLEY DRIVE HOUSTON Phone (281) 586-7067 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information:	·	77067-1901 Fax TITLE 18: TITLE19:	0 0 0	ICF/IID: 6	EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information	40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: EBONY COMMUNITY HOME 2519 LOWER VALLEY DRIVE HOUSTON Phone (281) 586-7067 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS	TX Facility ID:	77067-1901 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 6	EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019	40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: EBONY COMMUNITY HOME 2519 LOWER VALLEY DRIVE HOUSTON Phone (281) 586-7067 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: FAITH HOUSE 7418 ANTOINE HOUSTON	тх	77067-1901 Fax TITLE 18: TITLE19: TITLE 18/19: 003885	0 0 0	ICF/IID: 6	EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information EDUCARE COMMUNITY LIVING CORPORT	40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: EBONY COMMUNITY HOME 2519 LOWER VALLEY DRIVE HOUSTON Phone (281) 586-7067 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: FAITH HOUSE 7418 ANTOINE HOUSTON Phone (281) 999-5066	TX Facility ID:	77067-1901 Fax TITLE 18: TITLE19: TITLE 18/19: 003885 77088 Fax	0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR)	EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information EDUCARE COMMUNITY LIVING CORPORT	A0223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON DRATION - GULF COAST
Facility Information: EBONY COMMUNITY HOME 2519 LOWER VALLEY DRIVE HOUSTON Phone (281) 586-7067 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: FAITH HOUSE 7418 ANTOINE HOUSTON Phone (281) 999-5066 TOTAL Lic Capacity: 0	TX Facility ID:	77067-1901	0 0 0 Reg Svcs:	ICF/IID: 6	EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY	### A0223-3808 ### FAX: (502) 394-2285 ### SERVICE TYPE PRIVATELY OWNED Region
Facility Information: EBONY COMMUNITY HOME 2519 LOWER VALLEY DRIVE HOUSTON Phone (281) 586-7067 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: FAITH HOUSE 7418 ANTOINE HOUSTON Phone (281) 999-5066 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	77067-1901	0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR)	EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID	A0223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON DRATION - GULF COAST 40223-3808
Facility Information: EBONY COMMUNITY HOME 2519 LOWER VALLEY DRIVE HOUSTON Phone (281) 586-7067 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: FAITH HOUSE 7418 ANTOINE HOUSTON Phone (281) 999-5066 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	77067-1901	0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information EDUCARE COMMUNITY LIVING CORPORT LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700	A0223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON DRATION - GULF COAST 40223-3808 FAX: (512) 498-2777 SERVICE TYPE PRIVATELY OWNED
Facility Information: EBONY COMMUNITY HOME 2519 LOWER VALLEY DRIVE HOUSTON Phone (281) 586-7067 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: FAITH HOUSE 7418 ANTOINE HOUSTON Phone (281) 999-5066 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS	TX Facility ID:	77067-1901	0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR)	PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information EDUCARE COMMUNITY LIVING CORPORATION STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 07/31/2018	### A0223-3808 ### FAX: (502) 394-2285 ### SERVICE TYPE PRIVATELY OWNED Region
Facility Information: EBONY COMMUNITY HOME 2519 LOWER VALLEY DRIVE HOUSTON Phone (281) 586-7067 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: FAITH HOUSE 7418 ANTOINE HOUSTON Phone (281) 999-5066 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information:	TX Facility ID:	77067-1901	0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 07/31/2018	A0223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON DRATION - GULF COAST 40223-3808 FAX: (512) 498-2777 SERVICE TYPE PRIVATELY OWNED
Facility Information: EBONY COMMUNITY HOME 2519 LOWER VALLEY DRIVE HOUSTON Phone (281) 586-7067 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: FAITH HOUSE 7418 ANTOINE HOUSTON Phone (281) 999-5066 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS	TX Facility ID:	77067-1901	0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information EDUCARE COMMUNITY LIVING CORPORT LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 07/31/2018 Owner Information D & D CARE HOMES INC	A0223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON DRATION - GULF COAST 40223-3808 FAX: (512) 498-2777 SERVICE TYPE PRIVATELY OWNED
Facility Information: EBONY COMMUNITY HOME 2519 LOWER VALLEY DRIVE HOUSTON Phone (281) 586-7067 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: FAITH HOUSE 7418 ANTOINE HOUSTON Phone (281) 999-5066 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: FAITH HOUSE 7418 ANTOINE HOUSTON Phone (281) 999-5066 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: FROSTVIEW HOUSE II 15331 E ANTONE HOUSTON	TX Facility ID:	77067-1901	0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 07/31/2018	A0223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON DRATION - GULF COAST 40223-3808 FAX: (512) 498-2777 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: EBONY COMMUNITY HOME 2519 LOWER VALLEY DRIVE HOUSTON Phone (281) 586-7067 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: FAITH HOUSE 7418 ANTOINE HOUSTON Phone (281) 999-5066 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: FORTH HARRIS Facility Information: FROSTVIEW HOUSE II 15331 E ANTONE	TX Facility ID: TX Facility ID:	77067-1901 Fax TITLE 18: TITLE19: TITLE 18/19: 003885 77088 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information EDUCARE COMMUNITY LIVING CORPORATE IN EXAMPLE IN EXPENSE IN EXPENSE IN EXPENSE IN EXAMPLE IN EXAM	A0223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON DRATION - GULF COAST 40223-3808 FAX: (512) 498-2777 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: EBONY COMMUNITY HOME 2519 LOWER VALLEY DRIVE HOUSTON Phone (281) 586-7067 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: FAITH HOUSE 7418 ANTOINE HOUSTON Phone (281) 999-5066 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: FROSTVIEW HOUSE II 15331 E ANTONE HOUSTON Phone (713) 728-4148 TOTAL Lic Capacity: 0	TX Facility ID: TX Facility ID:	77067-1901	0 0 0 Reg Svcs: 0 0 0 Reg Svcs: (713) 271-8585	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information EDUCARE COMMUNITY LIVING CORPORT LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 07/31/2018 Owner Information D & D CARE HOMES INC 820 PARK TWO DRIVE SUGARLAND TX PHONE: (713) 728-4149	## A0223-3808 ## FAX: (502) 394-2285 ## SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON **DRATION - GULF COAST** ## 40223-3808 ## FAX: (512) 498-2777 **SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON ## 77478 ## FAX: (713) 271-8585
Facility Information: EBONY COMMUNITY HOME 2519 LOWER VALLEY DRIVE HOUSTON Phone (281) 586-7067 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: FAITH HOUSE 7418 ANTOINE HOUSTON Phone (281) 999-5066 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: FORTAL Lic Capacity: 1 County HARRIS Facility Information: FROSTVIEW HOUSE II 15331 E ANTONE HOUSTON Phone (713) 728-4148	TX Facility ID: TX Facility ID:	77067-1901 Fax TITLE 18: TITLE19: TITLE 18/19: 003885 77088 Fax TITLE 18: TITLE19: TITLE 18/19: 007585 77071 Fax	0 0 0 Reg Svcs: 0 0 0 Reg Svcs: (713) 271-8585 0	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6 UNIT 21 (ICF/MR)	PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information EDUCARE COMMUNITY LIVING CORPORATE IN EXAMPLE IN EXPENSE IN EXPENSE IN EXPENSE IN EXAMPLE IN EXAM	A0223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON DRATION - GULF COAST 40223-3808 FAX: (512) 498-2777 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON

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County HARRIS			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	007437	·	, ,	Owner Information	•
GREAT HOME CARE INC					GREAT HOME CARE INC	
12502 LIMA DRIVE HOUSTON	TX	77099			12502 LIMA DRIVE	
Phone (281) 530-8710	17.	Fax	(281) 568-5828		HOUSTON TX	77099
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (281) 568-3532	FAX: (281) 568-5828
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 04/10/2018	
County HARRIS			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	003913			Owner Information	
HEARTHSTONE					EDUCARE COMMUNITY LIVING CORPO	PRATION - GULF COAST
7206 BENWICH CIRCLE HOUSTON	TX	77095			9901 LINN STATION ROAD	
Phone (281) 463-1034	IA	Fax			LOUISVILLE KY	40223-3808
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (512) 498-2700	FAX: (512) 498-2777
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 03/01/2018	
County HARRIS			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	003978			Owner Information	- y
HOPE HOUSE					EDUCARE COMMUNITY LIVING CORPO	DRATION - GULF COAST
9107 SPELLMAN HOUSTON	TX	77031			9901 LINN STATION ROAD	
Phone (713) 988-1461	IX	Fax			LOUISVILLE KY	40223-3808
TOTAL Lic Capacity: 0		TITLE 18:	٥	ICF/IID: 6	PHONE: (512) 498-2700	FAX : (512) 498-2777
Cert Alzh Capacity: 0		TITLE 10:		ioi/iib. 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 07/31/2018	
County HARRIS			Reg Syrs:	LINIT 21 (ICE/MR)	·	Region 06 - HOUSTON
County HARRIS Facility Information:	Facility ID:	007317	Reg Svcs:	UNIT 21 (ICF/MR)	Owner Information	Region 06 - HOUSTON
County HARRIS Facility Information: HOUSTON IN A VISION	Facility ID:	007317	Reg Svcs:	UNIT 21 (ICF/MR)	Owner Information HOUSTON IN-A-VISION INC	Region 06 - HOUSTON
Facility Information: HOUSTON IN A VISION 6442 GLADEWELL	·		Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information: HOUSTON IN A VISION 6442 GLADEWELL HOUSTON	Facility ID:	77072	·	UNIT 21 (ICF/MR)	HOUSTON IN-A-VISION INC	Region 06 - HOUSTON
Facility Information: HOUSTON IN A VISION 6442 GLADEWELL HOUSTON Phone (281) 495-7509	·	77072 Fax	(713) 495-7509	` , ,	HOUSTON IN-A-VISION INC 3203 CYPRESS POINT DRIVE	Š
Facility Information: HOUSTON IN A VISION 6442 GLADEWELL HOUSTON Phone (281) 495-7509 TOTAL Lic Capacity: 0	·	77072	(713) 495-7509 0	UNIT 21 (ICF/MR) ICF/IID: 6	HOUSTON IN-A-VISION INC 3203 CYPRESS POINT DRIVE MISSOURI CITY TX	77459
Facility Information: HOUSTON IN A VISION 6442 GLADEWELL HOUSTON Phone (281) 495-7509 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	77072 Fax TITLE 18: TITLE19:	(713) 495-7509 0	` , ,	HOUSTON IN-A-VISION INC 3203 CYPRESS POINT DRIVE MISSOURI CITY TX PHONE: (281) 416-0607 PROGRAM TYPE: ICF/IID	77459 FAX: (713) 271-8585
Facility Information: HOUSTON IN A VISION 6442 GLADEWELL HOUSTON Phone (281) 495-7509 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	77072 Fax TITLE 18:	(713) 495-7509 0 0	ICF/IID: 6	HOUSTON IN-A-VISION INC 3203 CYPRESS POINT DRIVE MISSOURI CITY TX PHONE: (281) 416-0607 PROGRAM TYPE: ICF/IID	77459 FAX: (713) 271-8585 SERVICE TYPE PRIVATELY OWNED
Facility Information: HOUSTON IN A VISION 6442 GLADEWELL HOUSTON Phone (281) 495-7509 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS	тх	77072 Fax TITLE 18: TITLE19: TITLE 18/19:	(713) 495-7509 0	` , ,	HOUSTON IN-A-VISION INC 3203 CYPRESS POINT DRIVE MISSOURI CITY TX PHONE: (281) 416-0607 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017	77459 FAX: (713) 271-8585
Facility Information: HOUSTON IN A VISION 6442 GLADEWELL HOUSTON Phone (281) 495-7509 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	77072 Fax TITLE 18: TITLE19:	(713) 495-7509 0 0	ICF/IID: 6	HOUSTON IN-A-VISION INC 3203 CYPRESS POINT DRIVE MISSOURI CITY TX PHONE: (281) 416-0607 PROGRAM TYPE: ICF/IID	77459 FAX: (713) 271-8585 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: HOUSTON IN A VISION 6442 GLADEWELL HOUSTON Phone (281) 495-7509 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: JERSEY VILLAGE 16130 ACAPULCO	TX Facility ID:	77072 Fax TITLE 18: TITLE19: TITLE 18/19:	(713) 495-7509 0 0	ICF/IID: 6	HOUSTON IN-A-VISION INC 3203 CYPRESS POINT DRIVE MISSOURI CITY TX PHONE: (281) 416-0607 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information	77459 FAX: (713) 271-8585 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: HOUSTON IN A VISION 6442 GLADEWELL HOUSTON Phone (281) 495-7509 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: JERSEY VILLAGE 16130 ACAPULCO HOUSTON	тх	77072 Fax TITLE 18: TITLE19: TITLE 18/19: 003907 77040	(713) 495-7509 0 0	ICF/IID: 6	HOUSTON IN-A-VISION INC 3203 CYPRESS POINT DRIVE MISSOURI CITY TX PHONE: (281) 416-0607 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORATION	77459 FAX: (713) 271-8585 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: HOUSTON IN A VISION 6442 GLADEWELL HOUSTON Phone (281) 495-7509 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: JERSEY VILLAGE 16130 ACAPULCO HOUSTON Phone (713) 896-8355	TX Facility ID:	77072	(713) 495-7509 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR)	HOUSTON IN-A-VISION INC 3203 CYPRESS POINT DRIVE MISSOURI CITY TX PHONE: (281) 416-0607 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD	77459 FAX: (713) 271-8585 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON PRATION - GULF COAST
Facility Information: HOUSTON IN A VISION 6442 GLADEWELL HOUSTON Phone (281) 495-7509 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: JERSEY VILLAGE 16130 ACAPULCO HOUSTON Phone (713) 896-8355 TOTAL Lic Capacity: 0	TX Facility ID:	77072 Fax TITLE 18: TITLE 19: TITLE 18/19: 003907 77040 Fax TITLE 18:	(713) 495-7509 0 0 0 Reg Svcs:	ICF/IID: 6	HOUSTON IN-A-VISION INC 3203 CYPRESS POINT DRIVE MISSOURI CITY TX PHONE: (281) 416-0607 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY	77459 FAX: (713) 271-8585 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON PRATION - GULF COAST 40223-3808
Facility Information: HOUSTON IN A VISION 6442 GLADEWELL HOUSTON Phone (281) 495-7509 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: JERSEY VILLAGE 16130 ACAPULCO HOUSTON Phone (713) 896-8355 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	77072	(713) 495-7509 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR)	HOUSTON IN-A-VISION INC 3203 CYPRESS POINT DRIVE MISSOURI CITY TX PHONE: (281) 416-0607 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID	77459 FAX: (713) 271-8585 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON ORATION - GULF COAST 40223-3808 FAX: (512) 498-2777
Facility Information: HOUSTON IN A VISION 6442 GLADEWELL HOUSTON Phone (281) 495-7509 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: JERSEY VILLAGE 16130 ACAPULCO HOUSTON Phone (713) 896-8355 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	77072 Fax TITLE 18: TITLE 19: TITLE 18/19: 003907 77040 Fax TITLE 18:	(713) 495-7509 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	HOUSTON IN-A-VISION INC 3203 CYPRESS POINT DRIVE MISSOURI CITY TX PHONE: (281) 416-0607 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700	77459 FAX: (713) 271-8585 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON PRATION - GULF COAST 40223-3808 FAX: (512) 498-2777 SERVICE TYPE PRIVATELY OWNED
Facility Information: HOUSTON IN A VISION 6442 GLADEWELL HOUSTON Phone (281) 495-7509 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: JERSEY VILLAGE 16130 ACAPULCO HOUSTON Phone (713) 896-8355 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	77072 Fax TITLE 18: TITLE 19: TITLE 18/19: 003907 77040 Fax TITLE 18: TITLE 19: TITLE 18/19:	(713) 495-7509 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR)	HOUSTON IN-A-VISION INC 3203 CYPRESS POINT DRIVE MISSOURI CITY TX PHONE: (281) 416-0607 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018	77459 FAX: (713) 271-8585 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON ORATION - GULF COAST 40223-3808 FAX: (512) 498-2777
Facility Information: HOUSTON IN A VISION 6442 GLADEWELL HOUSTON Phone (281) 495-7509 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: JERSEY VILLAGE 16130 ACAPULCO HOUSTON Phone (713) 896-8355 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information:	TX Facility ID:	77072	(713) 495-7509 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	HOUSTON IN-A-VISION INC 3203 CYPRESS POINT DRIVE MISSOURI CITY TX PHONE: (281) 416-0607 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018	77459 FAX: (713) 271-8585 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON PRATION - GULF COAST 40223-3808 FAX: (512) 498-2777 SERVICE TYPE PRIVATELY OWNED
Facility Information: HOUSTON IN A VISION 6442 GLADEWELL HOUSTON Phone (281) 495-7509 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: JERSEY VILLAGE 16130 ACAPULCO HOUSTON Phone (713) 896-8355 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: K AND K LIVING CENTER 2 16602 GAELDOM LN	TX Facility ID: TX Facility ID:	77072 Fax TITLE 18: TITLE 19: TITLE 18/19: 003907 77040 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	(713) 495-7509 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	HOUSTON IN-A-VISION INC 3203 CYPRESS POINT DRIVE MISSOURI CITY TX PHONE: (281) 416-0607 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information K & K LIVING CENTER INC	77459 FAX: (713) 271-8585 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON PRATION - GULF COAST 40223-3808 FAX: (512) 498-2777 SERVICE TYPE PRIVATELY OWNED
Facility Information: HOUSTON IN A VISION 6442 GLADEWELL HOUSTON Phone (281) 495-7509 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: JERSEY VILLAGE 16130 ACAPULCO HOUSTON Phone (713) 896-8355 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: County HARRIS Facility Information: KAND K LIVING CENTER 2 16602 GAELDOM LN HOUSTON	TX Facility ID:	77072	(713) 495-7509 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	HOUSTON IN-A-VISION INC 3203 CYPRESS POINT DRIVE MISSOURI CITY TX PHONE: (281) 416-0607 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018	77459 FAX: (713) 271-8585 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON PRATION - GULF COAST 40223-3808 FAX: (512) 498-2777 SERVICE TYPE PRIVATELY OWNED
Facility Information: HOUSTON IN A VISION 6442 GLADEWELL HOUSTON Phone (281) 495-7509 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: JERSEY VILLAGE 16130 ACAPULCO HOUSTON Phone (713) 896-8355 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: K AND K LIVING CENTER 2 16602 GAELDOM LN HOUSTON Phone (281) 859-9474	TX Facility ID: TX Facility ID:	77072	(713) 495-7509 0 0 0 Reg Svcs: 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6 UNIT 21 (ICF/MR)	HOUSTON IN-A-VISION INC 3203 CYPRESS POINT DRIVE MISSOURI CITY TX PHONE: (281) 416-0607 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information K & K LIVING CENTER INC PO BOX 842679	77459 FAX: (713) 271-8585 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON PRATION - GULF COAST 40223-3808 FAX: (512) 498-2777 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: HOUSTON IN A VISION 6442 GLADEWELL HOUSTON Phone (281) 495-7509 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: JERSEY VILLAGE 16130 ACAPULCO HOUSTON Phone (713) 896-8355 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: K AND K LIVING CENTER 2 16602 GAELDOM LN HOUSTON Phone (281) 859-9474 TOTAL Lic Capacity: 0	TX Facility ID: TX Facility ID:	77072	(713) 495-7509 0 0 Reg Svcs: 0 0 0 (281) 859-8037	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	HOUSTON IN-A-VISION INC 3203 CYPRESS POINT DRIVE MISSOURI CITY TX PHONE: (281) 416-0607 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information K & K LIVING CENTER INC PO BOX 842679 HOUSTON TX PHONE: (281) 859-9474	77459 FAX: (713) 271-8585 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON PRATION - GULF COAST 40223-3808 FAX: (512) 498-2777 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON 77284 FAX: (281) 859-8037
Facility Information: HOUSTON IN A VISION 6442 GLADEWELL HOUSTON Phone (281) 495-7509 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: JERSEY VILLAGE 16130 ACAPULCO HOUSTON Phone (713) 896-8355 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: K AND K LIVING CENTER 2 16602 GAELDOM LN HOUSTON Phone (281) 859-9474	TX Facility ID: TX Facility ID:	77072	(713) 495-7509 0 0 Reg Svcs: 0 0 0 (281) 859-8037 0 0	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6 UNIT 21 (ICF/MR)	HOUSTON IN-A-VISION INC 3203 CYPRESS POINT DRIVE MISSOURI CITY TX PHONE: (281) 416-0607 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information K & K LIVING CENTER INC PO BOX 842679 HOUSTON TX	77459 FAX: (713) 271-8585 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON PRATION - GULF COAST 40223-3808 FAX: (512) 498-2777 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON

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County HARRIS		Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information: Facility I	D : 007387			Owner Information	
K AND K LIVING CENTER INC				K & K LIVING CENTER INC	
16802 JUDY LEIGH DR HOUSTON TX	77084			PO BOX 842679	
Phone (281) 859-9474	Fax	(281) 859-8037		HOUSTON TX	77284
TOTAL Lic Capacity: 0	TITLE 18:	0	ICF/IID: 6	PHONE: (281) 859-9474	FAX: (281) 859-8037
Cert Alzh Capacity: 0	TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19:	0		License Exp Dt: 03/30/2018	
County HARRIS		Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information: Facility I	0 : 003746			Owner Information	
LAKELAND				EDUCARE COMMUNITY LIVING CORPO	DRATION - GULF COAST
5706 PINEWILDE HOUSTON TX	77066			9901 LINN STATION ROAD	
Phone (281) 580-4103	Fax			LOUISVILLE KY	40223-3808
TOTAL Lic Capacity: 0	TITLE 18:	0	ICF/IID: 6	PHONE: (512) 498-2700	FAX: (512) 498-2777
Cert Alzh Capacity: 0	TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19:	0		License Exp Dt: 10/09/2017	
County HARRIS		Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information: Facility I	D : 003729			Owner Information	
MAPLEWOOD SOUTH				EDUCARE COMMUNITY LIVING CORPO	DRATION - GULF COAST
8111 BURNING HILLS HOUSTON TX	77071			9901 LINN STATION ROAD	
Phone (713) 271-2534	Fax			LOUISVILLE KY	40223-3808
TOTAL Lic Capacity: 0	TITLE 18:	0	ICF/IID: 6	PHONE : (512) 498-2700	FAX: (512) 498-2777
Cert Alzh Capacity: 0	TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19:	0		License Exp Dt: 10/10/2018	
	11122 10/10.	· ·		License Exp Dt. 10/10/2010	
County HARRIS	11122 10/101	Reg Svcs:	UNIT 21 (ICF/MR)	LICEISE EXP Dt. 10/10/2010	Region 06 - HOUSTON
			UNIT 21 (ICF/MR)	Owner Information	Region 06 - HOUSTON
County HARRIS Facility Information: Facility I MEMORIAL COMMUNITY HOME			UNIT 21 (ICF/MR)	·	· ·
County HARRIS Facility Information: Facility I			UNIT 21 (ICF/MR)	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD	D PARTNERSHIP
County HARRIS Facility Information: Facility I MEMORIAL COMMUNITY HOME 17115 CAMBERWELL GREEN LANE	0 : 003897		UNIT 21 (ICF/MR)	Owner Information EDUCARE COMMUNITY LIVING LIMITE	· ·
County HARRIS Facility Information: Facility I MEMORIAL COMMUNITY HOME 17115 CAMBERWELL GREEN LANE HOUSTON TX	0: 003897 77070-1817	Reg Svcs:	UNIT 21 (ICF/MR) ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD	D PARTNERSHIP
County HARRIS Facility Information: Facility I MEMORIAL COMMUNITY HOME 17115 CAMBERWELL GREEN LANE HOUSTON TX Phone (281) 370-5702	0: 003897 77070-1817 Fax	Reg Svcs:	, ,	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY	D PARTNERSHIP 40223-3808
County HARRIS Facility Information: Facility I MEMORIAL COMMUNITY HOME 17115 CAMBERWELL GREEN LANE HOUSTON TX Phone (281) 370-5702 TOTAL Lic Capacity: 0	0: 003897 77070-1817 Fax TITLE 18:	Reg Svcs:	, ,	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285
County HARRIS Facility Information: Facility I MEMORIAL COMMUNITY HOME 17115 CAMBERWELL GREEN LANE HOUSTON TX Phone (281) 370-5702 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	0: 003897 77070-1817 Fax TITLE 18: TITLE19:	Reg Svcs:	, ,	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285
County HARRIS Facility Information: Facility I MEMORIAL COMMUNITY HOME 17115 CAMBERWELL GREEN LANE HOUSTON TX Phone (281) 370-5702 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	0: 003897 77070-1817 Fax TITLE 18: TITLE19:	Reg Svcs: 0 0 0	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
County HARRIS Facility Information: Facility II MEMORIAL COMMUNITY HOME 17115 CAMBERWELL GREEN LANE HOUSTON TX Phone (281) 370-5702 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: Facility II MERIDIAN LIVING CENTER	0: 003897 77070-1817 Fax TITLE 18: TITLE19:	Reg Svcs: 0 0 0	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
County HARRIS Facility Information: Facility I MEMORIAL COMMUNITY HOME 17115 CAMBERWELL GREEN LANE HOUSTON TX Phone (281) 370-5702 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: Facility I	0: 003897 77070-1817 Fax TITLE 18: TITLE19:	Reg Svcs: 0 0 0	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information MERIDIAN LIVING CENTER INC #4 MOCKINGBIRD	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
County HARRIS Facility Information: Facility II MEMORIAL COMMUNITY HOME 17115 CAMBERWELL GREEN LANE HOUSTON TX Phone (281) 370-5702 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: Facility II MERIDIAN LIVING CENTER 7231 AUGUSTINE DR	77070-1817 Fax TITLE 18: TITLE 19: TITLE 18/19:	Reg Svcs: 0 0 0	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information MERIDIAN LIVING CENTER INC #4 MOCKINGBIRD HOUSTON TX	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
County HARRIS Facility Information: Facility II MEMORIAL COMMUNITY HOME 17115 CAMBERWELL GREEN LANE HOUSTON TX Phone (281) 370-5702 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: Facility II MERIDIAN LIVING CENTER 7231 AUGUSTINE DR HOUSTON TX	77070-1817 Fax TITLE 18: TITLE 18/19: 0: 007239 77036	Reg Svcs: 0 0 0 Reg Svcs:	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information MERIDIAN LIVING CENTER INC #4 MOCKINGBIRD	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
County HARRIS Facility Information: Facility II MEMORIAL COMMUNITY HOME 17115 CAMBERWELL GREEN LANE HOUSTON TX Phone (281) 370-5702 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: Facility II MERIDIAN LIVING CENTER 7231 AUGUSTINE DR HOUSTON TX Phone (713) 272-9707	0: 003897 77070-1817 Fax TITLE 18: TITLE 19: TITLE 18/19: 0: 007239 77036 Fax	Reg Svcs: 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR)	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information MERIDIAN LIVING CENTER INC #4 MOCKINGBIRD HOUSTON TX	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
County HARRIS Facility Information: Facility II MEMORIAL COMMUNITY HOME 17115 CAMBERWELL GREEN LANE HOUSTON TX Phone (281) 370-5702 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: Facility II MERIDIAN LIVING CENTER 7231 AUGUSTINE DR HOUSTON TX Phone (713) 272-9707 TOTAL Lic Capacity: 0	0: 003897 77070-1817 Fax TITLE 18: TITLE 19: TITLE 18/19: 0: 007239 77036 Fax TITLE 18:	Reg Svcs: 0 0 0 Reg Svcs: (713) 778-9313 0 0	ICF/IID: 6 UNIT 21 (ICF/MR)	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information MERIDIAN LIVING CENTER INC #4 MOCKINGBIRD HOUSTON TX PHONE: (713) 778-9300	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON 77074 FAX: (713) 778-9313
County HARRIS Facility Information: Facility II MEMORIAL COMMUNITY HOME 17115 CAMBERWELL GREEN LANE HOUSTON TX Phone (281) 370-5702 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: Facility II MERIDIAN LIVING CENTER 7231 AUGUSTINE DR HOUSTON TX Phone (713) 272-9707 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	77070-1817 Fax TITLE 18: TITLE 18/19: 0: 007239 77036 Fax TITLE 18: TITLE 18: TITLE 19:	Reg Svcs: 0 0 0 Reg Svcs: (713) 778-9313 0 0	ICF/IID: 6 UNIT 21 (ICF/MR)	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information MERIDIAN LIVING CENTER INC #4 MOCKINGBIRD HOUSTON TX PHONE: (713) 778-9300 PROGRAM TYPE: ICF/IID	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON 77074 FAX: (713) 778-9313
County HARRIS Facility Information: Facility II MEMORIAL COMMUNITY HOME 17115 CAMBERWELL GREEN LANE HOUSTON TX Phone (281) 370-5702 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: Facility II MERIDIAN LIVING CENTER 7231 AUGUSTINE DR HOUSTON TX Phone (713) 272-9707 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	77070-1817 Fax TITLE 18: TITLE 19: TITLE 18/19: 0: 007239 77036 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	Reg Svcs: 0 0 0 Reg Svcs: (713) 778-9313 0 0 0	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information MERIDIAN LIVING CENTER INC #4 MOCKINGBIRD HOUSTON TX PHONE: (713) 778-9300 PROGRAM TYPE: ICF/IID	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON 77074 FAX: (713) 778-9313 SERVICE TYPE PRIVATELY OWNED
County HARRIS Facility Information: Facility II MEMORIAL COMMUNITY HOME 17115 CAMBERWELL GREEN LANE HOUSTON TX Phone (281) 370-5702 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: Facility II MERIDIAN LIVING CENTER 7231 AUGUSTINE DR HOUSTON TX Phone (713) 272-9707 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: Facility II Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: Facility II MERIDIAN LIVING CENTER II	77070-1817 Fax TITLE 18: TITLE 19: TITLE 18/19: 0: 007239 77036 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	Reg Svcs: 0 0 0 Reg Svcs: (713) 778-9313 0 0 0	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information MERIDIAN LIVING CENTER INC #4 MOCKINGBIRD HOUSTON TX PHONE: (713) 778-9300 PROGRAM TYPE: ICF/IID License Exp Dt: 02/15/2018	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON 77074 FAX: (713) 778-9313 SERVICE TYPE PRIVATELY OWNED
County HARRIS Facility Information: Facility II MEMORIAL COMMUNITY HOME 17115 CAMBERWELL GREEN LANE HOUSTON TX Phone (281) 370-5702 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: Facility II MERIDIAN LIVING CENTER 7231 AUGUSTINE DR HOUSTON TX Phone (713) 272-9707 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: Facility II County HARRIS Facility Information: Facility II County HARRIS Facility Information: Facility II	77070-1817 Fax TITLE 18: TITLE 19: TITLE 18/19: 0: 007239 77036 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	Reg Svcs: 0 0 0 Reg Svcs: (713) 778-9313 0 0 0	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information MERIDIAN LIVING CENTER INC #4 MOCKINGBIRD HOUSTON TX PHONE: (713) 778-9300 PROGRAM TYPE: ICF/IID License Exp Dt: 02/15/2018 Owner Information MERIDIAN LIVING CENTER INC #4 MOCKINGBIRD	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON 77074 FAX: (713) 778-9313 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
County HARRIS Facility Information: Facility II MEMORIAL COMMUNITY HOME 17115 CAMBERWELL GREEN LANE HOUSTON TX Phone (281) 370-5702 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: Facility II MERIDIAN LIVING CENTER 7231 AUGUSTINE DR HOUSTON TX Phone (713) 272-9707 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: Facility II MERIDIAN LIVING CENTER 7231 AUGUSTINE DR HOUSTON TX Phone (713) 272-9707 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: Facility II MERIDIAN LIVING CENTER II 10610 ODYSSEY CT	0: 003897 77070-1817 Fax TITLE 18: TITLE 19: TITLE 18/19: 0: 007239 77036 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	Reg Svcs: 0 0 0 Reg Svcs: (713) 778-9313 0 0 0	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information MERIDIAN LIVING CENTER INC #4 MOCKINGBIRD HOUSTON TX PHONE: (713) 778-9300 PROGRAM TYPE: ICF/IID License Exp Dt: 02/15/2018 Owner Information MERIDIAN LIVING CENTER INC	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON 77074 FAX: (713) 778-9313 SERVICE TYPE PRIVATELY OWNED
County HARRIS Facility Information: Facility II MEMORIAL COMMUNITY HOME 17115 CAMBERWELL GREEN LANE HOUSTON TX Phone (281) 370-5702 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: Facility II MERIDIAN LIVING CENTER 7231 AUGUSTINE DR HOUSTON TX Phone (713) 272-9707 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: Facility II MERIDIAN LIVING CENTER 7231 AUGUSTINE DR HOUSTON TX Phone (713) 272-9707 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: Facility II MERIDIAN LIVING CENTER II 10610 ODYSSEY CT HOUSTON TX	0: 003897 77070-1817 Fax TITLE 18: TITLE 19: TITLE 18/19: 0: 007239 77036 Fax TITLE 18: TITLE 18: TITLE 18: TITLE 18: 77099	Reg Svcs: 0 0 0 Reg Svcs: (713) 778-9313 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information MERIDIAN LIVING CENTER INC #4 MOCKINGBIRD HOUSTON TX PHONE: (713) 778-9300 PROGRAM TYPE: ICF/IID License Exp Dt: 02/15/2018 Owner Information MERIDIAN LIVING CENTER INC #4 MOCKINGBIRD	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON 77074 FAX: (713) 778-9313 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
County HARRIS Facility Information: Facility II MEMORIAL COMMUNITY HOME 17115 CAMBERWELL GREEN LANE HOUSTON TX Phone (281) 370-5702 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: Facility II MERIDIAN LIVING CENTER 7231 AUGUSTINE DR HOUSTON TX Phone (713) 272-9707 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: Facility II MERIDIAN LIVING CENTER II 10610 ODYSSEY CT HOUSTON TX Phone (281) 568-1338	0: 003897 77070-1817 Fax TITLE 18: TITLE 19: TITLE 18/19: 0: 007239 77036 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19: 0: 007428 77099 Fax	Reg Svcs: 0 0 0 0 Reg Svcs: (713) 778-9313 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6 UNIT 21 (ICF/MR)	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information MERIDIAN LIVING CENTER INC #4 MOCKINGBIRD HOUSTON TX PHONE: (713) 778-9300 PROGRAM TYPE: ICF/IID License Exp Dt: 02/15/2018 Owner Information MERIDIAN LIVING CENTER INC #4 MOCKINGBIRD HOUSTON TX Owner Information MERIDIAN LIVING CENTER INC #4 MOCKINGBIRD HOUSTON TX	### A0223-3808 ### FAX: (502) 394-2285 **SERVICE TYPE PRIVATELY OWNED** Region 06 - HOUSTON ### FAX: (713) 778-9313 **SERVICE TYPE PRIVATELY OWNED** Region 06 - HOUSTON #### Region 06 - HOUSTON

Wednesday, January 04, 2017 Page 63 of 138

County HARRIS			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	007595			Owner Information	
PACE OPPORTUNITY CENTE	RS INC.				PACE OPPORTUNITY CENTERS INC	
929 OAK STREET HOUSTON	TX	77018			1101 JAYCEE DR	
Phone (903) 238-9523		Fax	(903) 238-9528		LONGVIEW TX	75604
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (903) 238-9523	FAX : (903) 238-9528
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 06/01/2017	
County HARRIS			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	007275			Owner Information	
PEBBLESHIRE HOUSE					S&G COMMUNITY LIVING CENTER INC	
7865 PECAN VILLAS HOUSTON	TX	77061			7865 PECAN VILLAS	
Phone (713) 640-1044		Fax	(281) 334-7850		HOUSTON TX	77061
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE: (713) 598-1471	FAX: (281) 334-7850
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 05/01/2018	
County HARRIS			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	007296	9 301	. ()	Owner Information	J
PERIWINKLE HOUSE	ž.				JOHN M LUGAY	
1638 PERIWINKLE ST	TX	77020			17126 WUNDER HILL DR	
HOUSTON Phone (281) 448-9005	1.4	77038 Fax	(281) 379-6068		SPRING TX	77379
, ,		TITLE 18:	, ,	ICF/IID: 6	PHONE: (281) 379-4833	FAX : (281) 379-6068
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0		TITLE 10:		ICF/IID: 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 08/09/2018	
O HAPPIC			D 0	LINIT OF (IOC(MD)		Parisa OC HOUSTON
County HARRIS	Facility ID:	007384	Reg Svcs:	UNIT 21 (ICF/MR)	Owner Information	Region 06 - HOUSTON
Facility Information:	Facility ID:	007384	Reg Svcs:	UNIT 21 (ICF/MR)	Owner Information DEVELOPMENTAL DISABILITIES MANAGEMENTAL DISABILITIES	v
Facility Information: RAVENHEAD LIVING CENTER 314 RAVENHEAD ST	₹		Reg Svcs:	UNIT 21 (ICF/MR)	Owner Information DEVELOPMENTAL DISABILITIES MANAGE 4115 GALVESTON RD	v
Facility Information: RAVENHEAD LIVING CENTER 314 RAVENHEAD ST HOUSTON	-	77034	·	UNIT 21 (ICF/MR)	DEVELOPMENTAL DISABILITIES MANAC	v
Facility Information: RAVENHEAD LIVING CENTER 314 RAVENHEAD ST HOUSTON Phone (713) 475-2220	₹	77034 Fax	(713) 472-2332	` ,	DEVELOPMENTAL DISABILITIES MANAGE 4115 GALVESTON RD	SEMENT SERVICES OF HOUSTON LLC 77017
Facility Information: RAVENHEAD LIVING CENTER 314 RAVENHEAD ST HOUSTON Phone (713) 475-2220 TOTAL Lic Capacity: 0	₹	77034 Fax TITLE 18:	(713) 472-2332 0	UNIT 21 (ICF/MR) ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANACE 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212
Facility Information: RAVENHEAD LIVING CENTER 314 RAVENHEAD ST HOUSTON Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	₹	77034 Fax TITLE 18: TITLE19:	(713) 472-2332 0 0	` ,	DEVELOPMENTAL DISABILITIES MANACE 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID	SEMENT SERVICES OF HOUSTON LLC 77017
Facility Information: RAVENHEAD LIVING CENTER 314 RAVENHEAD ST HOUSTON Phone (713) 475-2220 TOTAL Lic Capacity: 0	₹	77034 Fax TITLE 18:	(713) 472-2332 0 0	` ,	DEVELOPMENTAL DISABILITIES MANACE 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212
Facility Information: RAVENHEAD LIVING CENTER 314 RAVENHEAD ST HOUSTON Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS	TX	77034 Fax TITLE 18: TITLE19: TITLE 18/19:	(713) 472-2332 0 0	` ,	DEVELOPMENTAL DISABILITIES MANAGE 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212
Facility Information: RAVENHEAD LIVING CENTER 314 RAVENHEAD ST HOUSTON Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information:	₹	77034 Fax TITLE 18: TITLE19:	(713) 472-2332 0 0	ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANAGE 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: RAVENHEAD LIVING CENTER 314 RAVENHEAD ST HOUSTON Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: ROSE HOUSE	TX	77034 Fax TITLE 18: TITLE19: TITLE 18/19:	(713) 472-2332 0 0	ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANAGE 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORATION	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: RAVENHEAD LIVING CENTER 314 RAVENHEAD ST HOUSTON Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information:	TX	77034 Fax TITLE 18: TITLE19: TITLE 18/19:	(713) 472-2332 0 0	ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANAGE 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORATION ROAD	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON RATION - GULF COAST
Facility Information: RAVENHEAD LIVING CENTER 314 RAVENHEAD ST HOUSTON Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: ROSE HOUSE 12711 SHANNON HILLS	TX Facility ID:	77034 Fax TITLE 18: TITLE19: TITLE 18/19:	(713) 472-2332 0 0	ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANAGE 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORATION ROAD LOUISVILLE KY	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON RATION - GULF COAST 40223-3808
Facility Information: RAVENHEAD LIVING CENTER 314 RAVENHEAD ST HOUSTON Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: ROSE HOUSE 12711 SHANNON HILLS HOUSTON	TX Facility ID:	77034 Fax TITLE 18: TITLE19: TITLE 18/19: 003828 77099	(713) 472-2332 0 0 0 Reg Svcs:	ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANAGE 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON RATION - GULF COAST 40223-3808 FAX: (512) 498-2777
Facility Information: RAVENHEAD LIVING CENTER 314 RAVENHEAD ST HOUSTON Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: ROSE HOUSE 12711 SHANNON HILLS HOUSTON Phone (281) 564-4256	TX Facility ID:	77034	(713) 472-2332 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR)	DEVELOPMENTAL DISABILITIES MANAGE 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORATION ROAD LOUISVILLE KY	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON RATION - GULF COAST 40223-3808
Facility Information: RAVENHEAD LIVING CENTER 314 RAVENHEAD ST HOUSTON Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: ROSE HOUSE 12711 SHANNON HILLS HOUSTON Phone (281) 564-4256 TOTAL Lic Capacity: 0	TX Facility ID:	77034 Fax TITLE 18: TITLE 18/19: 003828 77099 Fax TITLE 18:	(713) 472-2332 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR)	DEVELOPMENTAL DISABILITIES MANAGE 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON RATION - GULF COAST 40223-3808 FAX: (512) 498-2777
Facility Information: RAVENHEAD LIVING CENTER 314 RAVENHEAD ST HOUSTON Phone (713) 475-2220 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: ROSE HOUSE 12711 SHANNON HILLS HOUSTON Phone (281) 564-4256 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	77034	(713) 472-2332 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR)	DEVELOPMENTAL DISABILITIES MANAGE 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON RATION - GULF COAST 40223-3808 FAX: (512) 498-2777
Facility Information: RAVENHEAD LIVING CENTER 314 RAVENHEAD ST HOUSTON Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: ROSE HOUSE 12711 SHANNON HILLS HOUSTON Phone (281) 564-4256 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information:	TX Facility ID: TX Facility ID:	77034	(713) 472-2332 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANAGE 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 07/31/2018	SEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON RATION - GULF COAST 40223-3808 FAX: (512) 498-2777 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: RAVENHEAD LIVING CENTER 314 RAVENHEAD ST HOUSTON Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: ROSE HOUSE 12711 SHANNON HILLS HOUSTON Phone (281) 564-4256 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: SABLE LANE COMMUNITY House	TX Facility ID: TX Facility ID:	77034 Fax TITLE 18: TITLE19: TITLE 18/19: 003828 77099 Fax TITLE 18: TITLE 19: TITLE 18/19:	(713) 472-2332 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANAGE 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 07/31/2018 Owner Information EDUCARE COMMUNITY LIVING LIMITED	SEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON RATION - GULF COAST 40223-3808 FAX: (512) 498-2777 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: RAVENHEAD LIVING CENTER 314 RAVENHEAD ST HOUSTON Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: ROSE HOUSE 12711 SHANNON HILLS HOUSTON Phone (281) 564-4256 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information:	TX Facility ID: TX Facility ID:	77034 Fax TITLE 18: TITLE19: TITLE 18/19: 003828 77099 Fax TITLE 18: TITLE 19: TITLE 18/19:	(713) 472-2332 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANAGE 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 07/31/2018 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON RATION - GULF COAST 40223-3808 FAX: (512) 498-2777 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: RAVENHEAD LIVING CENTER 314 RAVENHEAD ST HOUSTON Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: ROSE HOUSE 12711 SHANNON HILLS HOUSTON Phone (281) 564-4256 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: SABLE LANE COMMUNITY HOUSE	TX Facility ID: TX Facility ID: OME	77034 Fax TITLE 18: TITLE19: TITLE 18/19: 003828 77099 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	(713) 472-2332 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANAGE 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORD 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 07/31/2018 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY	SEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON RATION - GULF COAST 40223-3808 FAX: (512) 498-2777 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: RAVENHEAD LIVING CENTER 314 RAVENHEAD ST HOUSTON Phone (713) 475-2220 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: ROSE HOUSE 12711 SHANNON HILLS HOUSTON Phone (281) 564-4256 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: SABLE LANE COMMUNITY HOUSTON 13403 SABLE LN HOUSTON	TX Facility ID: TX Facility ID: OME	77034	(713) 472-2332 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANAGE 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 07/31/2018 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON RATION - GULF COAST 40223-3808 FAX: (512) 498-2777 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: RAVENHEAD LIVING CENTER 314 RAVENHEAD ST HOUSTON Phone (713) 475-2220 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: ROSE HOUSE 12711 SHANNON HILLS HOUSTON Phone (281) 564-4256 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: SABLE LANE COMMUNITY HOUSTON Phone (281) 444-4120	TX Facility ID: TX Facility ID: OME	77034	(713) 472-2332 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6 UNIT 21 (ICF/MR)	DEVELOPMENTAL DISABILITIES MANAGE 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORD 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 07/31/2018 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY	SEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON RATION - GULF COAST 40223-3808 FAX: (512) 498-2777 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON

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County HARRIS			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	010200	Ü	,	Owner Information	Ç
SHADY VILLA PLACE					REACH UNLIMITED INC	
7715 SHADY VILLA LN	TV	77055			12777 JONES RD	,#103
HOUSTON Phone (713) 956-7860	TX	77055 Fax	(713) 956-4835		HOUSTON TX	77070
TOTAL Lic Capacity: 0		TITLE 18:	, ,	ICF/IID: 9	PHONE : (281) 469-8058	FAX: (281) 469-5030
Cert Alzh Capacity: 0		TITLE 10.		ІСГ/ІІВ. 9	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 09/27/2017	
County HARRIS	Facility ID:	002074	Reg Svcs:	UNIT 21 (ICF/MR)	Ourse Information	Region 06 - HOUSTON
Facility Information: SPRING SHADOWS	Facility ID:	003971			Owner Information EDUCARE COMMUNITY LIVING CORPO	PATION CHIECOAST
2803 QUINCANNON					9901 LINN STATION ROAD	MATION - GOLI COAST
HOUSTON	TX	77043			LOUISVILLE KY	40223-3808
Phone (713) 690-3127		Fax			PHONE : (512) 498-2700	FAX : (512) 498-2777
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	,	,
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 02/14/2018	
County HARRIS			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	007472			Owner Information	
UCG - ALBURY HOUSE					FROSTVIEW LANE LLC	
11019 ALBURY HOUSTON	TX	77096			820 PARK TWO	
Phone (713) 774-3656		Fax	(281) 568-8125		SUGARLAND TX	77478
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (713) 835-0527	FAX : (713) 271-8585
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 09/01/2017	
PRIVATE Beds: 0 County HARRIS		TITLE 18/19:	0 Reg Svcs:	UNIT 21 (ICF/MR)	License Exp Dt: 09/01/2017	Region 06 - HOUSTON
	Facility ID:	TITLE 18/19: 007263		UNIT 21 (ICF/MR)	Councer Information 09/01/2017	Region 06 - HOUSTON
County HARRIS Facility Information: UCG - HUMMINGBIRD HOUSI	•			UNIT 21 (ICF/MR)	· · · · · · · · · · · · · · · · · · ·	Region 06 - HOUSTON
County HARRIS Facility Information: UCG - HUMMINGBIRD HOUSI 9726 S. HANWORTH DR.	E	007263		UNIT 21 (ICF/MR)	Owner Information	Region 06 - HOUSTON
County HARRIS Facility Information: UCG - HUMMINGBIRD HOUSI 9726 S. HANWORTH DR. HOUSTON	•			UNIT 21 (ICF/MR)	Owner Information FROSTVIEW LANE LLC	Region 06 - HOUSTON 77478
County HARRIS Facility Information: UCG - HUMMINGBIRD HOUSI 9726 S. HANWORTH DR. HOUSTON Phone (713) 271-7777	E	007263 77031 Fax	Reg Svcs: (713) 271-8585	· · ·	Owner Information FROSTVIEW LANE LLC 820 PARK TWO	·
County HARRIS Facility Information: UCG - HUMMINGBIRD HOUSI 9726 S. HANWORTH DR. HOUSTON Phone (713) 271-7777 TOTAL Lic Capacity: 0	E	007263 77031	Reg Svcs: (713) 271-8585 0	UNIT 21 (ICF/MR) ICF/IID: 6	Owner Information FROSTVIEW LANE LLC 820 PARK TWO SUGARLAND TX	77478
County HARRIS Facility Information: UCG - HUMMINGBIRD HOUSI 9726 S. HANWORTH DR. HOUSTON Phone (713) 271-7777	E	007263 77031 Fax TITLE 18:	Reg Svcs: (713) 271-8585 0	· · ·	Owner Information FROSTVIEW LANE LLC 820 PARK TWO SUGARLAND TX PHONE: (713) 835-0527	77478 FAX: (713) 271-8585
County HARRIS Facility Information: UCG - HUMMINGBIRD HOUSI 9726 S. HANWORTH DR. HOUSTON Phone (713) 271-7777 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	E	007263 77031 Fax TITLE 18: TITLE19:	Reg Svcs: (713) 271-8585 0 0	ICF/IID: 6	Owner Information FROSTVIEW LANE LLC 820 PARK TWO SUGARLAND TX PHONE: (713) 835-0527 PROGRAM TYPE: ICF/IID	77478 FAX: (713) 271-8585 SERVICE TYPE PRIVATELY OWNED
County HARRIS Facility Information: UCG - HUMMINGBIRD HOUSE 9726 S. HANWORTH DR. HOUSTON Phone (713) 271-7777 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS	₹ TX	007263 77031 Fax TITLE 18: TITLE19: TITLE 18/19:	Reg Svcs: (713) 271-8585 0	· · ·	Owner Information FROSTVIEW LANE LLC 820 PARK TWO SUGARLAND TX PHONE: (713) 835-0527 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017	77478 FAX: (713) 271-8585
County HARRIS Facility Information: UCG - HUMMINGBIRD HOUSI 9726 S. HANWORTH DR. HOUSTON Phone (713) 271-7777 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information:	TX Facility ID:	007263 77031 Fax TITLE 18: TITLE19:	Reg Svcs: (713) 271-8585 0 0	ICF/IID: 6	Owner Information FROSTVIEW LANE LLC 820 PARK TWO SUGARLAND TX PHONE: (713) 835-0527 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information	77478 FAX: (713) 271-8585 SERVICE TYPE PRIVATELY OWNED
County HARRIS Facility Information: UCG - HUMMINGBIRD HOUSE 9726 S. HANWORTH DR. HOUSTON Phone (713) 271-7777 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS	TX Facility ID: SE	007263 77031 Fax TITLE 18: TITLE 19: TITLE 18/19:	Reg Svcs: (713) 271-8585 0 0	ICF/IID: 6	Owner Information FROSTVIEW LANE LLC 820 PARK TWO SUGARLAND TX PHONE: (713) 835-0527 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information FROSTVIEW LANE LLC	77478 FAX: (713) 271-8585 SERVICE TYPE PRIVATELY OWNED
County HARRIS Facility Information: UCG - HUMMINGBIRD HOUSI 9726 S. HANWORTH DR. HOUSTON Phone (713) 271-7777 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: UCG - SOUTHMEADOW HOUSTON	TX Facility ID:	007263 77031 Fax TITLE 18: TITLE 19: 003656 77071	Reg Svcs: (713) 271-8585 0 0 Reg Svcs:	ICF/IID: 6	Owner Information FROSTVIEW LANE LLC 820 PARK TWO SUGARLAND TX PHONE: (713) 835-0527 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information	77478 FAX: (713) 271-8585 SERVICE TYPE PRIVATELY OWNED
County HARRIS Facility Information: UCG - HUMMINGBIRD HOUSI 9726 S. HANWORTH DR. HOUSTON Phone (713) 271-7777 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: UCG - SOUTHMEADOW HOUSTON Phone (713) 776-0805	TX Facility ID: SE	007263 77031 Fax TITLE 18: TITLE 18/19: 003656 77071 Fax	Reg Svcs: (713) 271-8585 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR)	Owner Information FROSTVIEW LANE LLC 820 PARK TWO SUGARLAND TX PHONE: (713) 835-0527 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information FROSTVIEW LANE LLC 820 PARK TWO SUGARLAND TX	77478 FAX: (713) 271-8585 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
County HARRIS Facility Information: UCG - HUMMINGBIRD HOUSE 9726 S. HANWORTH DR. HOUSTON Phone (713) 271-7777 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: UCG - SOUTHMEADOW HOUSTON Phone (713) 776-0805 TOTAL Lic Capacity: 0	TX Facility ID: SE	007263 77031 Fax TITLE 18: TITLE 19: 003656 77071 Fax TITLE 18:	Reg Svcs: (713) 271-8585 0 0 0 Reg Svcs: (713) 271-8585	ICF/IID: 6	Owner Information FROSTVIEW LANE LLC 820 PARK TWO SUGARLAND TX PHONE: (713) 835-0527 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information FROSTVIEW LANE LLC 820 PARK TWO SUGARLAND TX PHONE: (713) 835-0527	77478 FAX: (713) 271-8585 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON 77478 FAX: (713) 271-8585
County HARRIS Facility Information: UCG - HUMMINGBIRD HOUSE 9726 S. HANWORTH DR. HOUSTON Phone (713) 271-7777 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: UCG - SOUTHMEADOW HOUSTON Phone (713) 776-0805 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID: SE	007263 77031 Fax TITLE 18: TITLE 18/19: 003656 77071 Fax TITLE 18: TITLE 18: TITLE 19:	Reg Svcs: (713) 271-8585 0 0 0 Reg Svcs: (713) 271-8585 0 0	ICF/IID: 6 UNIT 21 (ICF/MR)	Owner Information FROSTVIEW LANE LLC 820 PARK TWO SUGARLAND TX PHONE: (713) 835-0527 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information FROSTVIEW LANE LLC 820 PARK TWO SUGARLAND TX PHONE: (713) 835-0527 PROGRAM TYPE: ICF/IID	77478 FAX: (713) 271-8585 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
County HARRIS Facility Information: UCG - HUMMINGBIRD HOUSE 9726 S. HANWORTH DR. HOUSTON Phone (713) 271-7777 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: UCG - SOUTHMEADOW HOUSTON Phone (713) 776-0805 TOTAL Lic Capacity: 0	TX Facility ID: SE	007263 77031 Fax TITLE 18: TITLE 19: 003656 77071 Fax TITLE 18:	Reg Svcs: (713) 271-8585 0 0 0 Reg Svcs: (713) 271-8585 0 0	ICF/IID: 6 UNIT 21 (ICF/MR)	Owner Information FROSTVIEW LANE LLC 820 PARK TWO SUGARLAND TX PHONE: (713) 835-0527 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information FROSTVIEW LANE LLC 820 PARK TWO SUGARLAND TX PHONE: (713) 835-0527	77478 FAX: (713) 271-8585 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON 77478 FAX: (713) 271-8585
County HARRIS Facility Information: UCG - HUMMINGBIRD HOUSE 9726 S. HANWORTH DR. HOUSTON Phone (713) 271-7777 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: UCG - SOUTHMEADOW HOUSTON Phone (713) 776-0805 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS COUNTY HARRIS COUNTY HARRIS COUNTY HARRIS COUNTY HARRIS	TX Facility ID: SE TX	007263 77031 Fax TITLE 18: TITLE 19: 003656 77071 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	Reg Svcs: (713) 271-8585 0 0 0 Reg Svcs: (713) 271-8585 0 0	ICF/IID: 6 UNIT 21 (ICF/MR)	Owner Information FROSTVIEW LANE LLC 820 PARK TWO SUGARLAND TX PHONE: (713) 835-0527 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information FROSTVIEW LANE LLC 820 PARK TWO SUGARLAND TX PHONE: (713) 835-0527 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017	77478 FAX: (713) 271-8585 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON 77478 FAX: (713) 271-8585
County HARRIS Facility Information: UCG - HUMMINGBIRD HOUSE 9726 S. HANWORTH DR. HOUSTON Phone (713) 271-7777 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: UCG - SOUTHMEADOW HOUSTON Phone (713) 776-0805 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 Cert Alzh Capacity: 0 County HARRIS Facility Information: 0 County HARRIS County HARRIS Facility Information: 0 County HARRIS Facility Information:	TX Facility ID: SE	007263 77031 Fax TITLE 18: TITLE 18/19: 003656 77071 Fax TITLE 18: TITLE 18: TITLE 19:	Reg Svcs: (713) 271-8585 0 0 0 Reg Svcs: (713) 271-8585 0 0 0	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	Owner Information FROSTVIEW LANE LLC 820 PARK TWO SUGARLAND TX PHONE: (713) 835-0527 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information FROSTVIEW LANE LLC 820 PARK TWO SUGARLAND TX PHONE: (713) 835-0527 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information	77478 FAX: (713) 271-8585 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON 77478 FAX: (713) 271-8585 SERVICE TYPE PRIVATELY OWNED
County HARRIS Facility Information: UCG - HUMMINGBIRD HOUSE 9726 S. HANWORTH DR. HOUSTON Phone (713) 271-7777 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: UCG - SOUTHMEADOW HOUSTON Phone (713) 776-0805 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: UCG - SOUTHMEADOW HOUSTON Phone (713) 776-0805 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: UCG NIGHTINGALE I	TX Facility ID: SE TX	007263 77031 Fax TITLE 18: TITLE 19: 003656 77071 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	Reg Svcs: (713) 271-8585 0 0 0 Reg Svcs: (713) 271-8585 0 0 0	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	Owner Information FROSTVIEW LANE LLC 820 PARK TWO SUGARLAND TX PHONE: (713) 835-0527 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information FROSTVIEW LANE LLC 820 PARK TWO SUGARLAND TX PHONE: (713) 835-0527 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information FROSTVIEW LANE LLC	77478 FAX: (713) 271-8585 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON 77478 FAX: (713) 271-8585 SERVICE TYPE PRIVATELY OWNED
County HARRIS Facility Information: UCG - HUMMINGBIRD HOUSE 9726 S. HANWORTH DR. HOUSTON Phone (713) 271-7777 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: UCG - SOUTHMEADOW HOUSTON Phone (713) 776-0805 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 Cert Alzh Capacity: 0 County HARRIS Facility Information: 0 County HARRIS County HARRIS Facility Information: 0 County HARRIS Facility Information:	TX Facility ID: SE TX	007263 77031 Fax TITLE 18: TITLE 19: 003656 77071 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	Reg Svcs: (713) 271-8585 0 0 0 Reg Svcs: (713) 271-8585 0 0 0	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	Owner Information FROSTVIEW LANE LLC 820 PARK TWO SUGARLAND TX PHONE: (713) 835-0527 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information FROSTVIEW LANE LLC 820 PARK TWO SUGARLAND TX PHONE: (713) 835-0527 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information FROSTVIEW LANE LLC 820 PARK TWO SUGARLAND TX PHONE: (713) 835-0527 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017	77478 FAX: (713) 271-8585 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON 77478 FAX: (713) 271-8585 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
County HARRIS Facility Information: UCG - HUMMINGBIRD HOUSE 9726 S. HANWORTH DR. HOUSTON Phone (713) 271-7777 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: UCG - SOUTHMEADOW HOUSTON Phone (713) 776-0805 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: UCG - SOUTHMEADOW HOUSTON Phone (713) 776-0805 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: UCG NIGHTINGALE I 13927 MAGNUS LANE	Facility ID: SE TX Facility ID:	007263 77031 Fax TITLE 18: TITLE 19: 003656 77071 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	Reg Svcs: (713) 271-8585 0 0 0 Reg Svcs: (713) 271-8585 0 0 0	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	Owner Information FROSTVIEW LANE LLC 820 PARK TWO SUGARLAND TX PHONE: (713) 835-0527 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information FROSTVIEW LANE LLC 820 PARK TWO SUGARLAND TX PHONE: (713) 835-0527 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information FROSTVIEW LANE LLC 820 PARK TWO SUGARLAND TX PHONE: (713) 835-0527 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information FROSTVIEW LANE LLC 820 PARK TWO SUGARLAND TX	77478 FAX: (713) 271-8585 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON 77478 FAX: (713) 271-8585 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
County HARRIS Facility Information: UCG - HUMMINGBIRD HOUSE 9726 S. HANWORTH DR. HOUSTON Phone (713) 271-7777 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: UCG - SOUTHMEADOW HOUSTON Phone (713) 776-0805 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 Cert Alzh Capacity: 0 County HARRIS Facility Information: UCG - SOUTHMEADOW HOUSTON Phone (713) 776-0805 TOTAL Lic Capacity: 0 County HARRIS Facility Information: UCG NIGHTINGALE I 13927 MAGNUS LANE HOUSTON	Facility ID: SE TX Facility ID:	007263 77031 Fax TITLE 18: TITLE 19: TITLE 18/19: 003656 77071 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	Reg Svcs: (713) 271-8585 0 0 0 Reg Svcs: (713) 271-8585 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	Owner Information FROSTVIEW LANE LLC 820 PARK TWO SUGARLAND TX PHONE: (713) 835-0527 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information FROSTVIEW LANE LLC 820 PARK TWO SUGARLAND TX PHONE: (713) 835-0527 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information FROSTVIEW LANE LLC 820 PARK TWO SUGARLAND TX PHONE: (713) 835-0527 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017	77478 FAX: (713) 271-8585 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON 77478 FAX: (713) 271-8585 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON 77478 FAX: (713) 271-8585
County HARRIS Facility Information: UCG - HUMMINGBIRD HOUSI 9726 S. HANWORTH DR. HOUSTON Phone (713) 271-7777 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: UCG - SOUTHMEADOW HOUSTON Phone (713) 776-0805 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: UCG - SOUTHMEADOW HOUSTON Phone (713) 776-0805 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: UCG NIGHTINGALE I 13927 MAGNUS LANE HOUSTON Phone (713) 981-1571	Facility ID: SE TX Facility ID:	007263 77031 Fax TITLE 18: TITLE 19: 003656 77071 Fax TITLE 18: TITLE 18: TITLE 19: 007801 77083 Fax	Reg Svcs: (713) 271-8585 0 0 0 Reg Svcs: (713) 271-8585 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6 UNIT 21 (ICF/MR)	Owner Information FROSTVIEW LANE LLC 820 PARK TWO SUGARLAND TX PHONE: (713) 835-0527 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information FROSTVIEW LANE LLC 820 PARK TWO SUGARLAND TX PHONE: (713) 835-0527 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information FROSTVIEW LANE LLC 820 PARK TWO SUGARLAND TX PHONE: (713) 835-0527 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information FROSTVIEW LANE LLC 820 PARK TWO SUGARLAND TX	77478 FAX: (713) 271-8585 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON 77478 FAX: (713) 271-8585 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON

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County HARRIS			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	007806	·	, ,	Owner Information	•
UCG NIGHTINGALE I I					FROSTVIEW LANE LLC	
7327 BEECHNUT ST HOUSTON	TX	77074			820 PARK TWO	
Phone (713) 541-2667		Fax	(713) 271-8585		SUGARLAND TX	77478
TOTAL Lic Capacity: 0		TITLE 18:	, ,	ICF/IID: 6	PHONE : (713) 835-0527	FAX: (713) 271-8585
Cert Alzh Capacity: 0		TITLE19:		101/1121 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 09/01/2017	
County HARRIS			Reg Svcs:	LINIT 24 (ICE/MD)		Pagian 06 HOUSTON
County HARRIS Facility Information:	Facility ID:	007604	Reg Svcs.	UNIT 21 (ICF/MR)	Owner Information	Region 06 - HOUSTON
UNITY HOUSE					EDUCARE COMMUNITY LIVING CORPO	PRATION - GULF COAST
10507 OFFER ST					9901 LINN STATION ROAD	
HOUSTON (742) 776 0072	TX	77031			LOUISVILLE KY	40223-3808
Phone (713) 776-0072		Fax			PHONE : (512) 498-2700	FAX: (512) 498-2777
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:				
PRIVATE Beds: 0		TITLE 18/19:	U		License Exp Dt: 07/31/2018	
County HARRIS			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	007369			Owner Information	
WEST ROAD HOUSE 7811 WEST ROAD					DIVERSITY GROUP LC	
HOUSTON	TX	77064			7807 LONG POINT #106	77055
Phone (713) 937-6908		Fax	(281) 888-2785		HOUSTON TX	77055
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (281) 888-2490	FAX : (281) 888-2785
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 03/01/2017	
County HARRIS		TITLE 18/19:	0 Reg Svcs:	UNIT 21 (ICF/MR)	License Exp Dt: 03/01/2017	Region 06 - HOUSTON
-	Facility ID:	003721		UNIT 21 (ICF/MR)	Owner Information	Region 06 - HOUSTON
County HARRIS Facility Information: WESTBURY HOUSE	Facility ID:			UNIT 21 (ICF/MR)	· · · · · · · · · · · · · · · · · · ·	v
County HARRIS Facility Information:	Facility ID:			UNIT 21 (ICF/MR)	Owner Information MHMR AUTHORITY OF HARRIS COUNT 2850 FANNIN	Υ
County HARRIS Facility Information: WESTBURY HOUSE 5707 WARM SPRINGS	·	003721		UNIT 21 (ICF/MR)	Owner Information MHMR AUTHORITY OF HARRIS COUNT	v
County HARRIS Facility Information: WESTBURY HOUSE 5707 WARM SPRINGS HOUSTON Phone (713) 723-5589	·	003721 77035	Reg Svcs:	UNIT 21 (ICF/MR) ICF/IID: 6	Owner Information MHMR AUTHORITY OF HARRIS COUNT 2850 FANNIN	Υ
County HARRIS Facility Information: WESTBURY HOUSE 5707 WARM SPRINGS HOUSTON	·	003721 77035 Fax	Reg Svcs:	· · ·	Owner Information MHMR AUTHORITY OF HARRIS COUNT 2850 FANNIN HOUSTON TX	Y 77265-5381
County HARRIS Facility Information: WESTBURY HOUSE 5707 WARM SPRINGS HOUSTON Phone (713) 723-5589 TOTAL Lic Capacity: 0	·	003721 77035 Fax TITLE 18:	Reg Svcs:	· · ·	Owner Information MHMR AUTHORITY OF HARRIS COUNT 2850 FANNIN HOUSTON TX PHONE: (713) 750-5600	Y 77265-5381 FAX:
County HARRIS Facility Information: WESTBURY HOUSE 5707 WARM SPRINGS HOUSTON Phone (713) 723-5589 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	003721 77035 Fax TITLE 18: TITLE19:	Reg Svcs: 0 0 0	ICF/IID: 6	Owner Information MHMR AUTHORITY OF HARRIS COUNT 2850 FANNIN HOUSTON TX PHONE: (713) 750-5600 PROGRAM TYPE: ICF/IID	Y 77265-5381 FAX: SERVICE TYPE GOVERNMENT BASED
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County HARRIS Facility Information: WESTBURY HOUSE 5707 WARM SPRINGS HOUSTON Phone (713) 723-5589 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	003721 77035 Fax TITLE 18: TITLE19: TITLE 18/19:	Reg Svcs: 0 0 0	ICF/IID: 6	Owner Information MHMR AUTHORITY OF HARRIS COUNT 2850 FANNIN HOUSTON TX PHONE: (713) 750-5600 PROGRAM TYPE: ICF/IID License Exp Dt:	Y 77265-5381 FAX: SERVICE TYPE GOVERNMENT BASED Region 06 - HOUSTON
County HARRIS Facility Information: WESTBURY HOUSE 5707 WARM SPRINGS HOUSTON Phone (713) 723-5589 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: WESTLAKE FOREST 2422 HEATHER GOLD	TX Facility ID:	003721 77035 Fax TITLE 18: TITLE 19: TITLE 18/19:	Reg Svcs: 0 0 0	ICF/IID: 6	Owner Information MHMR AUTHORITY OF HARRIS COUNT 2850 FANNIN HOUSTON TX PHONE: (713) 750-5600 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information	Y 77265-5381 FAX: SERVICE TYPE GOVERNMENT BASED Region 06 - HOUSTON
County HARRIS Facility Information: WESTBURY HOUSE 5707 WARM SPRINGS HOUSTON Phone (713) 723-5589 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: WESTLAKE FOREST 2422 HEATHER GOLD HOUSTON	тх	003721 77035 Fax TITLE 18: TITLE 19: 003941 77084	Reg Svcs: 0 0 0	ICF/IID: 6	Owner Information MHMR AUTHORITY OF HARRIS COUNT 2850 FANNIN HOUSTON TX PHONE: (713) 750-5600 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING CORPO	Y 77265-5381 FAX: SERVICE TYPE GOVERNMENT BASED Region 06 - HOUSTON
County HARRIS Facility Information: WESTBURY HOUSE 5707 WARM SPRINGS HOUSTON Phone (713) 723-5589 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: WESTLAKE FOREST 2422 HEATHER GOLD HOUSTON Phone (281) 578-7050	TX Facility ID:	003721 77035 Fax TITLE 18: TITLE 19: 003941 77084 Fax	Reg Svcs: 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR)	Owner Information MHMR AUTHORITY OF HARRIS COUNT 2850 FANNIN HOUSTON TX PHONE: (713) 750-5600 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD	Y 77265-5381 FAX: SERVICE TYPE GOVERNMENT BASED Region 06 - HOUSTON PRATION - GULF COAST
County HARRIS Facility Information: WESTBURY HOUSE 5707 WARM SPRINGS HOUSTON Phone (713) 723-5589 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: WESTLAKE FOREST 2422 HEATHER GOLD HOUSTON Phone (281) 578-7050 TOTAL Lic Capacity: 0	TX Facility ID:	003721 77035 Fax TITLE 18: TITLE 18/19: 003941 77084 Fax TITLE 18:	Reg Svcs: 0 0 0 Reg Svcs:	ICF/IID: 6	Owner Information MHMR AUTHORITY OF HARRIS COUNT 2850 FANNIN HOUSTON TX PHONE: (713) 750-5600 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY	Y 77265-5381 FAX: SERVICE TYPE GOVERNMENT BASED Region 06 - HOUSTON PRATION - GULF COAST 40223-3808
County HARRIS Facility Information: WESTBURY HOUSE 5707 WARM SPRINGS HOUSTON Phone (713) 723-5589 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: WESTLAKE FOREST 2422 HEATHER GOLD HOUSTON Phone (281) 578-7050 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	003721 77035 Fax TITLE 18: TITLE 18/19: 003941 77084 Fax TITLE 18: TITLE 18: TITLE 19:	Reg Svcs: 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR)	Owner Information MHMR AUTHORITY OF HARRIS COUNT 2850 FANNIN HOUSTON TX PHONE: (713) 750-5600 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID	77265-5381 FAX: SERVICE TYPE GOVERNMENT BASED Region 06 - HOUSTON PRATION - GULF COAST 40223-3808 FAX: (512) 498-2777
County HARRIS Facility Information: WESTBURY HOUSE 5707 WARM SPRINGS HOUSTON Phone (713) 723-5589 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: WESTLAKE FOREST 2422 HEATHER GOLD HOUSTON Phone (281) 578-7050 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	003721 77035 Fax TITLE 18: TITLE 18/19: 003941 77084 Fax TITLE 18:	Reg Svcs: 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	Owner Information MHMR AUTHORITY OF HARRIS COUNT 2850 FANNIN HOUSTON TX PHONE: (713) 750-5600 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700	77265-5381 FAX: SERVICE TYPE GOVERNMENT BASED Region 06 - HOUSTON PRATION - GULF COAST 40223-3808 FAX: (512) 498-2777 SERVICE TYPE PRIVATELY OWNED
County HARRIS Facility Information: WESTBURY HOUSE 5707 WARM SPRINGS HOUSTON Phone (713) 723-5589 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: WESTLAKE FOREST 2422 HEATHER GOLD HOUSTON Phone (281) 578-7050 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS	TX Facility ID:	003721 77035 Fax TITLE 18: TITLE 19: 003941 77084 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	Reg Svcs: 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR)	Owner Information MHMR AUTHORITY OF HARRIS COUNT 2850 FANNIN HOUSTON TX PHONE: (713) 750-5600 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018	77265-5381 FAX: SERVICE TYPE GOVERNMENT BASED Region 06 - HOUSTON PRATION - GULF COAST 40223-3808 FAX: (512) 498-2777
County HARRIS Facility Information: WESTBURY HOUSE 5707 WARM SPRINGS HOUSTON Phone (713) 723-5589 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: WESTLAKE FOREST 2422 HEATHER GOLD HOUSTON Phone (281) 578-7050 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: County HARRIS Facility Information:	TX Facility ID:	003721 77035 Fax TITLE 18: TITLE 18/19: 003941 77084 Fax TITLE 18: TITLE 18: TITLE 19:	Reg Svcs: 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	Owner Information MHMR AUTHORITY OF HARRIS COUNT 2850 FANNIN HOUSTON TX PHONE: (713) 750-5600 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018	77265-5381 FAX: SERVICE TYPE GOVERNMENT BASED Region 06 - HOUSTON PRATION - GULF COAST 40223-3808 FAX: (512) 498-2777 SERVICE TYPE PRIVATELY OWNED
County HARRIS Facility Information: WESTBURY HOUSE 5707 WARM SPRINGS HOUSTON Phone (713) 723-5589 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: WESTLAKE FOREST 2422 HEATHER GOLD HOUSTON Phone (281) 578-7050 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: WESTLAKE FOREST COUNTY HARRIS Facility Information: WESTLAKE FOREST COUNTY HARRIS Facility Information: WESTVIEW I	TX Facility ID:	003721 77035 Fax TITLE 18: TITLE 19: 003941 77084 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	Reg Svcs: 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	Owner Information MHMR AUTHORITY OF HARRIS COUNT 2850 FANNIN HOUSTON TX PHONE: (713) 750-5600 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information QHS ENTERPRISES INC	77265-5381 FAX: SERVICE TYPE GOVERNMENT BASED Region 06 - HOUSTON PRATION - GULF COAST 40223-3808 FAX: (512) 498-2777 SERVICE TYPE PRIVATELY OWNED
County HARRIS Facility Information: WESTBURY HOUSE 5707 WARM SPRINGS HOUSTON Phone (713) 723-5589 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: WESTLAKE FOREST 2422 HEATHER GOLD HOUSTON Phone (281) 578-7050 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: County HARRIS Facility Information:	TX Facility ID:	003721 77035 Fax TITLE 18: TITLE 19: 003941 77084 Fax TITLE 18: TITLE 18: TITLE 18: TITLE 19:	Reg Svcs: 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	Owner Information MHMR AUTHORITY OF HARRIS COUNT 2850 FANNIN HOUSTON TX PHONE: (713) 750-5600 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information QHS ENTERPRISES INC 2926 COLONEL COURT DR	77265-5381 FAX: SERVICE TYPE GOVERNMENT BASED Region 06 - HOUSTON PRATION - GULF COAST 40223-3808 FAX: (512) 498-2777 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
County HARRIS Facility Information: WESTBURY HOUSE 5707 WARM SPRINGS HOUSTON Phone (713) 723-5589 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: WESTLAKE FOREST 2422 HEATHER GOLD HOUSTON Phone (281) 578-7050 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: WESTLIAKE FOREST 2421 HEATHER GOLD HOUSTON Phone (281) 578-7050 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: WESTVIEW I 10018 WESTVIEW DR	TX Facility ID: TX Facility ID:	003721 77035 Fax TITLE 18: TITLE 19: 003941 77084 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	Reg Svcs: 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	Owner Information MHMR AUTHORITY OF HARRIS COUNT 2850 FANNIN HOUSTON TX PHONE: (713) 750-5600 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information QHS ENTERPRISES INC 2926 COLONEL COURT DR RICHMOND TX	77265-5381 FAX: SERVICE TYPE GOVERNMENT BASED Region 06 - HOUSTON PRATION - GULF COAST 40223-3808 FAX: (512) 498-2777 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
County HARRIS Facility Information: WESTBURY HOUSE 5707 WARM SPRINGS HOUSTON Phone (713) 723-5589 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: WESTLAKE FOREST 2422 HEATHER GOLD HOUSTON Phone (281) 578-7050 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: WESTLAKE FOREST COUNTY HARRIS Facility Information: WESTLAKE FOREST COUNTY HARRIS Facility Information: WESTVIEW I 10018 WESTVIEW DR HOUSTON	TX Facility ID: TX Facility ID:	003721 77035 Fax TITLE 18: TITLE 19: TITLE 18/19: 003941 77084 Fax TITLE 18: TITLE 18: TITLE 18: TITLE 18: TITLE 18/19: 007571	Reg Svcs: 0 0 0 Reg Svcs: 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	Owner Information MHMR AUTHORITY OF HARRIS COUNT 2850 FANNIN HOUSTON TX PHONE: (713) 750-5600 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information QHS ENTERPRISES INC 2926 COLONEL COURT DR RICHMOND TX PHONE: (281) 375-5507	77265-5381 FAX: SERVICE TYPE GOVERNMENT BASED Region 06 - HOUSTON PRATION - GULF COAST 40223-3808 FAX: (512) 498-2777 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON 77406 FAX:
County HARRIS Facility Information: WESTBURY HOUSE 5707 WARM SPRINGS HOUSTON Phone (713) 723-5589 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: WESTLAKE FOREST 2422 HEATHER GOLD HOUSTON Phone (281) 578-7050 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: WESTVIEW I 10018 WESTVIEW DR HOUSTON Phone (713) 722-7102	TX Facility ID: TX Facility ID:	003721 77035 Fax TITLE 18: TITLE 19: 003941 77084 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19: 007571 77055 Fax	Reg Svcs: 0 0 0 Reg Svcs: 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6 UNIT 21 (ICF/MR)	Owner Information MHMR AUTHORITY OF HARRIS COUNT 2850 FANNIN HOUSTON TX PHONE: (713) 750-5600 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information QHS ENTERPRISES INC 2926 COLONEL COURT DR RICHMOND TX	77265-5381 FAX: SERVICE TYPE GOVERNMENT BASED Region 06 - HOUSTON PRATION - GULF COAST 40223-3808 FAX: (512) 498-2777 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON

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County HARRIS			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	003940			Owner Information	
WOODEDGE	_				EDUCARE COMMUNITY LIVING CORPO	PRATION - GULF COAST
11914 GREEN CREEK CIRCLI HOUSTON	= TX	77070			9901 LINN STATION ROAD	
Phone (281) 469-8589		Fax	(512) 498-2777		LOUISVILLE KY	40223-3808
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (512) 498-2700	FAX : (512) 498-2777
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/25/2018	
County HARRIS			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	007328			Owner Information	
TARA COMMUNITY HOME					EDUCARE COMMUNITY LIVING LIMITED	D PARTNERSHIP
13515 TARA OAK DRIVE JERSEY VILLAGE	TX	77065-3744			9901 LINN STATION ROAD	
Phone (281) 894-2822		Fax			LOUISVILLE KY	40223-3808
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (502) 394-2100	FAX: (502) 394-2285
Cert Alzh Capacity: 0		TITLE 19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 01/01/2017	
County HARRIS			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	003688	•	, ,	Owner Information	•
APPLEWHITE					MHMR AUTHORITY OF HARRIS COUNT	Υ
526 APPLEWHITE DRIVE KATY	TX	77450			2850 FANNIN	
Phone (713) 392-4482	IA	77450 Fax			HOUSTON TX	77265-5381
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (713) 750-5600	FAX:
Cert Alzh Capacity: 0		TITLE 10:		IOI/IID. 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt:	
County HARRIS			Red Sycs:	LINIT 21 (ICF/MR)		Region 06 - HOUSTON
County HARRIS Facility Information:	Facility ID:	007540	Reg Svcs:	UNIT 21 (ICF/MR)	Owner Information	Region 06 - HOUSTON
•	-	007540	Reg Svcs:	UNIT 21 (ICF/MR)	Owner Information DEVELOPMENTAL DISABILITIES MANA	Ü
Facility Information: MEADOWPLACE LIVING CEN 5205 MEADOW PLACE	ITER		Reg Svcs:	UNIT 21 (ICF/MR)		Ü
Facility Information: MEADOWPLACE LIVING CEN 5205 MEADOW PLACE LA PORTE	-	77571	·	UNIT 21 (ICF/MR)	DEVELOPMENTAL DISABILITIES MANA	Ü
Facility Information: MEADOWPLACE LIVING CEN 5205 MEADOW PLACE LA PORTE Phone (713) 475-2220	ITER	77571 Fax	(713) 475-2332	` ,	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD	GEMENT SERVICES OF HOUSTON LLC
Facility Information: MEADOWPLACE LIVING CEN 5205 MEADOW PLACE LA PORTE Phone (713) 475-2220 TOTAL Lic Capacity: 0	ITER	77571 Fax TITLE 18:	(713) 475-2332 0	UNIT 21 (ICF/MR) ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX	GEMENT SERVICES OF HOUSTON LLC 77017
Facility Information: MEADOWPLACE LIVING CEN 5205 MEADOW PLACE LA PORTE Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	ITER	77571 Fax TITLE 18: TITLE19:	(713) 475-2332 0 0	` ,	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212
Facility Information: MEADOWPLACE LIVING CEN 5205 MEADOW PLACE LA PORTE Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	ITER	77571 Fax TITLE 18:	(713) 475-2332 0 0	ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED
Facility Information: MEADOWPLACE LIVING CEN 5205 MEADOW PLACE LA PORTE Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS	TX	77571 Fax TITLE 18: TITLE19: TITLE 18/19:	(713) 475-2332 0 0	` ,	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212
Facility Information: MEADOWPLACE LIVING CEN 5205 MEADOW PLACE LA PORTE Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information:	TX Facility ID:	77571 Fax TITLE 18: TITLE19:	(713) 475-2332 0 0	ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: MEADOWPLACE LIVING CEN 5205 MEADOW PLACE LA PORTE Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: SHELL ROCK LIVING CENTER 9734 SHELL ROCK	TX Facility ID:	77571 Fax TITLE 18: TITLE19: TITLE 18/19:	(713) 475-2332 0 0	ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information DEVELOPMENTAL DISABILITIES MANA	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED
Facility Information: MEADOWPLACE LIVING CEN 5205 MEADOW PLACE LA PORTE Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: SHELL ROCK LIVING CENTER 9734 SHELL ROCK LA PORTE	TX Facility ID:	77571	(713) 475-2332 0 0 0 Reg Svcs:	ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: MEADOWPLACE LIVING CEN 5205 MEADOW PLACE LA PORTE Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: SHELL ROCK LIVING CENTER 9734 SHELL ROCK LA PORTE Phone (713) 475-2220	TX Facility ID:	77571	(713) 475-2332 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR)	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON GEMENT SERVICES OF HOUSTON LLC
Facility Information: MEADOWPLACE LIVING CEN 5205 MEADOW PLACE LA PORTE Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: SHELL ROCK LIVING CENTER 9734 SHELL ROCK LA PORTE Phone (713) 475-2220 TOTAL Lic Capacity: 0	TX Facility ID:	77571	(713) 475-2332 0 0 0 Reg Svcs: (713) 472-2332	ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212
Facility Information: MEADOWPLACE LIVING CEN 5205 MEADOW PLACE LA PORTE Phone (713) 475-2220 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: SHELL ROCK LIVING CENTER 9734 SHELL ROCK LA PORTE Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	77571	(713) 475-2332 0 0 0 Reg Svcs: (713) 472-2332 0	ICF/IID: 6 UNIT 21 (ICF/MR)	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON GEMENT SERVICES OF HOUSTON LLC 77017
Facility Information: MEADOWPLACE LIVING CEN 5205 MEADOW PLACE LA PORTE Phone (713) 475-2220 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: SHELL ROCK LIVING CENTER 9734 SHELL ROCK LA PORTE Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	77571	(713) 475-2332 0 0 0 Reg Svcs: (713) 472-2332 0 0	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED
Facility Information: MEADOWPLACE LIVING CEN 5205 MEADOW PLACE LA PORTE Phone (713) 475-2220 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: SHELL ROCK LIVING CENTER 9734 SHELL ROCK LA PORTE Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS	TX Facility ID: R	77571 Fax TITLE 18: TITLE 19: TITLE 18/19: 007462 77571 Fax TITLE 18: TITLE 19: TITLE 18/19:	(713) 475-2332 0 0 0 Reg Svcs: (713) 472-2332 0	ICF/IID: 6 UNIT 21 (ICF/MR)	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212
Facility Information: MEADOWPLACE LIVING CEN 5205 MEADOW PLACE LA PORTE Phone (713) 475-2220 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: SHELL ROCK LIVING CENTER 9734 SHELL ROCK LA PORTE Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: 0 County HARRIS Facility Information:	TX Facility ID:	77571	(713) 475-2332 0 0 0 Reg Svcs: (713) 472-2332 0 0	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: MEADOWPLACE LIVING CEN 5205 MEADOW PLACE LA PORTE Phone (713) 475-2220 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: SHELL ROCK LIVING CENTER 9734 SHELL ROCK LA PORTE Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS	TX Facility ID: R	77571 Fax TITLE 18: TITLE 19: TITLE 18/19: 007462 77571 Fax TITLE 18: TITLE 19: TITLE 18/19:	(713) 475-2332 0 0 0 Reg Svcs: (713) 472-2332 0 0	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORATION	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: MEADOWPLACE LIVING CEN 5205 MEADOW PLACE LA PORTE Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: SHELL ROCK LIVING CENTER 9734 SHELL ROCK LA PORTE Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: FELLOWS BLOCK	TX Facility ID: R	77571 Fax TITLE 18: TITLE 19: TITLE 18/19: 007462 77571 Fax TITLE 18: TITLE 19: TITLE 18/19:	(713) 475-2332 0 0 0 Reg Svcs: (713) 472-2332 0 0	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORTS 9901 LINN STATION ROAD	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: MEADOWPLACE LIVING CEN 5205 MEADOW PLACE LA PORTE Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: SHELL ROCK LIVING CENTER 9734 SHELL ROCK LA PORTE Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: FELLOWS BLOCK 3419 BOCA RATON DRIVE	Facility ID:	77571	(713) 475-2332 0 0 0 Reg Svcs: (713) 472-2332 0 0	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORATION ROAD LOUISVILLE KY	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON PRATION - GULF COAST 40223-3808
Facility Information: MEADOWPLACE LIVING CEN 5205 MEADOW PLACE LA PORTE Phone (713) 475-2220 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: SHELL ROCK LIVING CENTER 9734 SHELL ROCK LA PORTE Phone (713) 475-2220 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: FELLOWS BLOCK 3419 BOCA RATON DRIVE MISSOURI CITY	Facility ID:	77571	(713) 475-2332 0 0 0 Reg Svcs: (713) 472-2332 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (512) 498-2700	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON PRATION - GULF COAST 40223-3808 FAX: (512) 498-2777
Facility Information: MEADOWPLACE LIVING CEN 5205 MEADOW PLACE LA PORTE Phone (713) 475-2220 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: SHELL ROCK LIVING CENTER 9734 SHELL ROCK LA PORTE Phone (713) 475-2220 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: FELLOWS BLOCK 3419 BOCA RATON DRIVE MISSOURI CITY Phone (281) 835-9303	Facility ID:	77571	(713) 475-2332 0 0 0 Reg Svcs: (713) 472-2332 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6 UNIT 21 (ICF/MR)	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORATION ROAD LOUISVILLE KY	GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON PRATION - GULF COAST 40223-3808

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County HARRIS			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	007218	· ·	, ,	Owner Information	•
FROSTVIEW HOUSE					FROSTVIEW LANE LLC	
7310 FROSTVIEW LN					820 PARK TWO	
MISSOURI CITY	TX	77489	/>		SUGARLAND TX	77478
Phone (713) 271-0480		Fax	(713) 271-8585		PHONE: (713) 835-0527	FAX : (713) 271-8585
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	(1, 111 11	(),
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 09/01/2017	
County HARRIS			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	007346			Owner Information	
JUDY LIVING CENTER					DEVELOPMENTAL DISABILITIES MANA	GEMENT SERVICES OF HOUSTON LLC
2012 JUDY LN PASADENA	TX	77502			4115 GALVESTON RD	
Phone (713) 477-5461		Fax	(713) 475-2332		HOUSTON TX	77017
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (713) 475-2228	FAX: (713) 475-2212
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 01/01/2017	
			-	LINIT OF (IOE(MD)		D : 00 HOURTON
County HARRIS	Facility ID:	007807	Reg Svcs:	UNIT 21 (ICF/MR)	Owner Information	Region 06 - HOUSTON
Facility Information: PASADENA COTTAGE	racility ib.	007007			MHMR AUTHORITY OF HARRIS COUNT	Y
2122 WICHITA					2850 FANNIN	
PASADENA	TX	77502			HOUSTON TX	77265-5381
Phone (713) 472-3470		Fax			PHONE: (713) 750-5600	FAX:
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	(1, 11 111	
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt:	
County HARRIS			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
County HARRIS Facility Information:	Facility ID:	007818	Reg Svcs:	UNIT 21 (ICF/MR)	Owner Information	Region 06 - HOUSTON
Facility Information: PASADENA COTTAGE B	Facility ID:	007818	Reg Svcs:	UNIT 21 (ICF/MR)	Owner Information MHMR AUTHORITY OF HARRIS COUNT	Ü
Facility Information: PASADENA COTTAGE B 2122 WICHITA	·		Reg Svcs:	UNIT 21 (ICF/MR)		Ü
Facility Information: PASADENA COTTAGE B 2122 WICHITA PASADENA	Facility ID:	007818 77502 Fax	Reg Svcs:	UNIT 21 (ICF/MR)	MHMR AUTHORITY OF HARRIS COUNT	Ü
Facility Information: PASADENA COTTAGE B 2122 WICHITA PASADENA Phone (713) 472-3470	·	77502 Fax	·	· · ·	MHMR AUTHORITY OF HARRIS COUNT 2850 FANNIN	Υ
PASADENA COTTAGE B 2122 WICHITA PASADENA Phone (713) 472-3470 TOTAL Lic Capacity: 0	·	77502 Fax TITLE 18:	0	UNIT 21 (ICF/MR) ICF/IID: 6	MHMR AUTHORITY OF HARRIS COUNT 2850 FANNIN HOUSTON TX	Y 77265-5381
Facility Information: PASADENA COTTAGE B 2122 WICHITA PASADENA Phone (713) 472-3470 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	77502 Fax TITLE 18: TITLE19:	0 0	· · ·	MHMR AUTHORITY OF HARRIS COUNT 2850 FANNIN HOUSTON TX PHONE: (713) 750-5600 PROGRAM TYPE: ICF/IID	77265-5381 FAX :
Facility Information: PASADENA COTTAGE B 2122 WICHITA PASADENA Phone (713) 472-3470 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	77502 Fax TITLE 18:	0 0 0	ICF/IID: 6	MHMR AUTHORITY OF HARRIS COUNT 2850 FANNIN HOUSTON TX PHONE: (713) 750-5600	Y 77265-5381 FAX: SERVICE TYPE GOVERNMENT BASED
PASADENA COTTAGE B 2122 WICHITA PASADENA Phone (713) 472-3470 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS	тх	77502 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0	· · ·	MHMR AUTHORITY OF HARRIS COUNT 2850 FANNIN HOUSTON TX PHONE: (713) 750-5600 PROGRAM TYPE: ICF/IID License Exp Dt:	77265-5381 FAX :
Facility Information: PASADENA COTTAGE B 2122 WICHITA PASADENA Phone (713) 472-3470 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information:	·	77502 Fax TITLE 18: TITLE19:	0 0 0	ICF/IID: 6	MHMR AUTHORITY OF HARRIS COUNT 2850 FANNIN HOUSTON TX PHONE: (713) 750-5600 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information	77265-5381 FAX: SERVICE TYPE GOVERNMENT BASED Region 06 - HOUSTON
Facility Information: PASADENA COTTAGE B 2122 WICHITA PASADENA Phone (713) 472-3470 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: PONCA LIVING CENTER	тх	77502 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 6	MHMR AUTHORITY OF HARRIS COUNT 2850 FANNIN HOUSTON TX PHONE: (713) 750-5600 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information DEVELOPMENTAL DISABILITIES MANA	Y 77265-5381 FAX: SERVICE TYPE GOVERNMENT BASED
Facility Information: PASADENA COTTAGE B 2122 WICHITA PASADENA Phone (713) 472-3470 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information:	тх	77502 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 6	MHMR AUTHORITY OF HARRIS COUNT 2850 FANNIN HOUSTON TX PHONE: (713) 750-5600 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD	77265-5381 FAX: SERVICE TYPE GOVERNMENT BASED Region 06 - HOUSTON GEMENT SERVICES OF HOUSTON LLC
Facility Information: PASADENA COTTAGE B 2122 WICHITA PASADENA Phone (713) 472-3470 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: PONCA LIVING CENTER 4314 PONCA STREET	TX Facility ID:	77502 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 6	MHMR AUTHORITY OF HARRIS COUNT 2850 FANNIN HOUSTON TX PHONE: (713) 750-5600 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX	77265-5381 FAX: SERVICE TYPE GOVERNMENT BASED Region 06 - HOUSTON GEMENT SERVICES OF HOUSTON LLC 77017
Facility Information: PASADENA COTTAGE B 2122 WICHITA PASADENA Phone (713) 472-3470 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: PONCA LIVING CENTER 4314 PONCA STREET PASADENA	TX Facility ID:	77502 Fax TITLE 18: TITLE19: TITLE 18/19: 007322 77504	0 0 0 Reg Svcs:	ICF/IID: 6	MHMR AUTHORITY OF HARRIS COUNT 2850 FANNIN HOUSTON TX PHONE: (713) 750-5600 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228	77265-5381 FAX: SERVICE TYPE GOVERNMENT BASED Region 06 - HOUSTON GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212
Facility Information: PASADENA COTTAGE B 2122 WICHITA PASADENA Phone (713) 472-3470 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: PONCA LIVING CENTER 4314 PONCA STREET PASADENA Phone (713) 475-2228	TX Facility ID:	77502	0 0 0 Reg Svcs: (713) 475-2212	ICF/IID: 6 UNIT 21 (ICF/MR)	MHMR AUTHORITY OF HARRIS COUNT 2850 FANNIN HOUSTON TX PHONE: (713) 750-5600 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX	77265-5381 FAX: SERVICE TYPE GOVERNMENT BASED Region 06 - HOUSTON GEMENT SERVICES OF HOUSTON LLC 77017
Facility Information: PASADENA COTTAGE B 2122 WICHITA PASADENA Phone (713) 472-3470 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: PONCA LIVING CENTER 4314 PONCA STREET PASADENA Phone (713) 475-2228 TOTAL Lic Capacity: 0	TX Facility ID:	77502 Fax TITLE 18: TITLE 19: TITLE 18/19: 007322 77504 Fax TITLE 18:	0 0 0 Reg Svcs: (713) 475-2212 0	ICF/IID: 6 UNIT 21 (ICF/MR)	MHMR AUTHORITY OF HARRIS COUNT 2850 FANNIN HOUSTON TX PHONE: (713) 750-5600 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228	77265-5381 FAX: SERVICE TYPE GOVERNMENT BASED Region 06 - HOUSTON GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212
Facility Information: PASADENA COTTAGE B 2122 WICHITA PASADENA Phone (713) 472-3470 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: PONCA LIVING CENTER 4314 PONCA STREET PASADENA Phone (713) 475-2228 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	77502	0 0 0 Reg Svcs: (713) 475-2212 0	ICF/IID: 6 UNIT 21 (ICF/MR)	MHMR AUTHORITY OF HARRIS COUNT 2850 FANNIN HOUSTON TX PHONE: (713) 750-5600 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID	77265-5381 FAX: SERVICE TYPE GOVERNMENT BASED Region 06 - HOUSTON GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212
Facility Information: PASADENA COTTAGE B 2122 WICHITA PASADENA Phone (713) 472-3470 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: PONCA LIVING CENTER 4314 PONCA STREET PASADENA Phone (713) 475-2228 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	77502	0 0 0 Reg Svcs: (713) 475-2212 0 0	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	MHMR AUTHORITY OF HARRIS COUNT 2850 FANNIN HOUSTON TX PHONE: (713) 750-5600 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID	77265-5381 FAX: SERVICE TYPE GOVERNMENT BASED Region 06 - HOUSTON GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED
Facility Information: PASADENA COTTAGE B 2122 WICHITA PASADENA Phone (713) 472-3470 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: PONCA LIVING CENTER 4314 PONCA STREET PASADENA Phone (713) 475-2228 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID: TX Facility ID:	77502 Fax TITLE 18: TITLE 19: TITLE 18/19: 007322 77504 Fax TITLE 18: TITLE 18: TITLE 19:	0 0 0 Reg Svcs: (713) 475-2212 0 0	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	MHMR AUTHORITY OF HARRIS COUNT 2850 FANNIN HOUSTON TX PHONE: (713) 750-5600 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019	77265-5381 FAX: SERVICE TYPE GOVERNMENT BASED Region 06 - HOUSTON GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED
Facility Information: PASADENA COTTAGE B 2122 WICHITA PASADENA Phone (713) 472-3470 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: PONCA LIVING CENTER 4314 PONCA STREET PASADENA Phone (713) 475-2228 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: SAN JACINTO LIVING CENTER 2406 SAN JACINTO DRIVE	Facility ID: TX Facility ID: R	77502 Fax TITLE 18: TITLE 19: TITLE 18/19: 007322 77504 Fax TITLE 18: TITLE 19: TITLE 18/19:	0 0 0 Reg Svcs: (713) 475-2212 0 0	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	MHMR AUTHORITY OF HARRIS COUNT 2850 FANNIN HOUSTON TX PHONE: (713) 750-5600 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019	77265-5381 FAX: SERVICE TYPE GOVERNMENT BASED Region 06 - HOUSTON GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: PASADENA COTTAGE B 2122 WICHITA PASADENA Phone (713) 472-3470 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: PONCA LIVING CENTER 4314 PONCA STREET PASADENA Phone (713) 475-2228 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: SAN JACINTO LIVING CENTER 2406 SAN JACINTO DRIVE PASADENA	TX Facility ID: TX Facility ID:	77502	0 0 0 Reg Svcs: (713) 475-2212 0 0 0	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	MHMR AUTHORITY OF HARRIS COUNT 2850 FANNIN HOUSTON TX PHONE: (713) 750-5600 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information DEVELOPMENTAL DISABILITIES MANA ANA OWNER INFORMATION DEVELOPMENTAL DISABILITIES MANA DEVELOPMENTAL DISABILITIES MANA DEVELOPMENTAL DISABILITIES MANA	77265-5381 FAX: SERVICE TYPE GOVERNMENT BASED Region 06 - HOUSTON GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: PASADENA COTTAGE B 2122 WICHITA PASADENA Phone (713) 472-3470 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: PONCA LIVING CENTER 4314 PONCA STREET PASADENA Phone (713) 475-2228 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: SAN JACINTO LIVING CENTER 2406 SAN JACINTO DRIVE PASADENA Phone (713) 475-2220	Facility ID: TX Facility ID: R	77502	0 0 0 Reg Svcs: (713) 475-2212 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6 UNIT 21 (ICF/MR)	MHMR AUTHORITY OF HARRIS COUNT 2850 FANNIN HOUSTON TX PHONE: (713) 750-5600 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD	77265-5381 FAX: SERVICE TYPE GOVERNMENT BASED Region 06 - HOUSTON GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON GEMENT SERVICES OF HOUSTON LLC
Facility Information: PASADENA COTTAGE B 2122 WICHITA PASADENA Phone (713) 472-3470 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: PONCA LIVING CENTER 4314 PONCA STREET PASADENA Phone (713) 475-2228 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: SAN JACINTO LIVING CENTER 2406 SAN JACINTO DRIVE PASADENA Phone (713) 475-2220 TOTAL Lic Capacity: 0	Facility ID: TX Facility ID: R	77502	0 0 0 Reg Svcs: (713) 475-2212 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	MHMR AUTHORITY OF HARRIS COUNT 2850 FANNIN HOUSTON TX PHONE: (713) 750-5600 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019	77265-5381 FAX: SERVICE TYPE GOVERNMENT BASED Region 06 - HOUSTON GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212
Facility Information: PASADENA COTTAGE B 2122 WICHITA PASADENA Phone (713) 472-3470 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: PONCA LIVING CENTER 4314 PONCA STREET PASADENA Phone (713) 475-2228 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: SAN JACINTO LIVING CENTER 2406 SAN JACINTO DRIVE PASADENA Phone (713) 475-2220	Facility ID: TX Facility ID: R	77502	0 0 0 Reg Svcs: (713) 475-2212 0 0 0 Reg Svcs: (713) 472-2332 0	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6 UNIT 21 (ICF/MR)	MHMR AUTHORITY OF HARRIS COUNT 2850 FANNIN HOUSTON TX PHONE: (713) 750-5600 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON RD HOUSTON TX HOUSTON TX HOUSTON TX	77265-5381 FAX: SERVICE TYPE GOVERNMENT BASED Region 06 - HOUSTON GEMENT SERVICES OF HOUSTON LLC 77017 FAX: (713) 475-2212 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON GEMENT SERVICES OF HOUSTON LLC 77017

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County HARRIS			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - I	HOUSTON
Facility Information:	Facility ID:	007378	·	,	Owner Information	·	
GREEN VALLEY HOUSE					EDUCARE COMMUNITY LIVING CORPO	RATION - GULF COA	AST
5202 ALAMOSA LN SPRING	TX	77379			9901 LINN STATION ROAD		
Phone (832) 717-0065	17	Fax			LOUISVILLE KY	40223-	3808
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (512) 498-2700	FAX:	(512) 498-2777
Cert Alzh Capacity: 0		TITLE19:		101/1121 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 07/31/2018		
County HARRIS			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - I	HOUSTON
Facility Information:	Facility ID:	003887			Owner Information		
MEADOWHILL COMMUNITY	HOME				EDUCARE COMMUNITY LIVING LIMITE	D PARTNERSHIP	
21710 MEADOWHILL DR SPRING	TX	77373			9901 LINN STATION ROAD		
Phone (281) 353-7879	17	Fax			LOUISVILLE KY	40223-	3808
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (502) 394-2100	FAX:	(502) 394-2285
Cert Alzh Capacity: 0		TITLE 10.		ioi/iib. o	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 01/01/2017		
				LINIT OF TOP TO		D : 00	HOUGTON
County HARRIS	Eggility ID:	003847	Reg Svcs:	UNIT 21 (ICF/MR)	Owner Information	Region 06 - I	HOUSTON
Facility Information: PASSION HOUSE	Facility ID:	003047			Owner Information EDUCARE COMMUNITY LIVING CORPO	DRATION - GUI F COA	IST.
19110 CANDLETRAIL DRIVE					9901 LINN STATION ROAD	NATION COLI CON	
SPRING	TX	77388			LOUISVILLE KY	40223-	3808
Phone (281) 528-9570		Fax	(713) 434-5041		PHONE : (512) 498-2700	FAX:	(512) 498-2777
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID		PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:				SERVICE TIPE	PRIVATELT OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 07/31/2018		
County HARRIS			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 -	HOUSTON
County HARRIS Facility Information:	Facility ID:	003990	Reg Svcs:	UNIT 21 (ICF/MR)	Owner Information	Region 06 -	HOUSTON
Facility Information: SPRING GROUP HOME	Facility ID:	003990	Reg Svcs:	UNIT 21 (ICF/MR)	Owner Information BETHESDA LUTHERAN COMMUNITIES	J	HOUSTON
Facility Information:	Facility ID:	003990 77379	Reg Svcs:	UNIT 21 (ICF/MR)	BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD	INC	HOUSTON
Facility Information: SPRING GROUP HOME 17403 DEER CREEK	·		Reg Svcs: (281) 351-5897	UNIT 21 (ICF/MR)	BETHESDA LUTHERAN COMMUNITIES	J	HOUSTON
Facility Information: SPRING GROUP HOME 17403 DEER CREEK SPRING	·	77379	(281) 351-5897	UNIT 21 (ICF/MR) ICF/IID: 6	BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD	INC	HOUSTON (281) 351-5897
Facility Information: SPRING GROUP HOME 17403 DEER CREEK SPRING Phone (281) 576-4000	·	77379 Fax	(281) 351-5897 0	, ,	BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX	77433 FAX:	
Facility Information: SPRING GROUP HOME 17403 DEER CREEK SPRING Phone (281) 576-4000 TOTAL Lic Capacity: 0	·	77379 Fax TITLE 18:	(281) 351-5897 0	, ,	BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000	77433 FAX:	(281) 351-5897
Facility Information: SPRING GROUP HOME 17403 DEER CREEK SPRING Phone (281) 576-4000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	77379 Fax TITLE 18: TITLE19:	(281) 351-5897 0	, ,	BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000 PROGRAM TYPE: ICF/IID	T7433 FAX: SERVICE TYPE	(281) 351-5897
Facility Information: SPRING GROUP HOME 17403 DEER CREEK SPRING Phone (281) 576-4000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	77379 Fax TITLE 18: TITLE19:	(281) 351-5897 0 0	ICF/IID: 6	BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000 PROGRAM TYPE: ICF/IID	T7433 FAX: SERVICE TYPE	(281) 351-5897 PRIVATELY OWNED
Facility Information: SPRING GROUP HOME 17403 DEER CREEK SPRING Phone (281) 576-4000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: VERDECOVE COMMUNITY H	TX Facility ID:	77379 Fax TITLE 18: TITLE19: TITLE 18/19:	(281) 351-5897 0 0	ICF/IID: 6	BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000 PROGRAM TYPE: ICF/IID License Exp Dt: 01/25/2018	FAX: SERVICE TYPE Region 06 -	(281) 351-5897 PRIVATELY OWNED
Facility Information: SPRING GROUP HOME 17403 DEER CREEK SPRING Phone (281) 576-4000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: VERDECOVE COMMUNITY H 21023 VERDECOVE LANE	TX Facility ID:	77379 Fax TITLE 18: TITLE19: TITLE 18/19:	(281) 351-5897 0 0	ICF/IID: 6	BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000 PROGRAM TYPE: ICF/IID License Exp Dt: 01/25/2018 Owner Information EDUCARE COMMUNITY LIVING LIMITER 9901 LINN STATION ROAD	T7433 FAX: SERVICE TYPE Region 06 - I	(281) 351-5897 PRIVATELY OWNED HOUSTON
Facility Information: SPRING GROUP HOME 17403 DEER CREEK SPRING Phone (281) 576-4000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: VERDECOVE COMMUNITY H	TX Facility ID:	77379 Fax TITLE 18: TITLE19: TITLE 18/19:	(281) 351-5897 0 0	ICF/IID: 6	BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000 PROGRAM TYPE: ICF/IID License Exp Dt: 01/25/2018 Owner Information EDUCARE COMMUNITY LIVING LIMITER 9901 LINN STATION ROAD LOUISVILLE KY	FAX: SERVICE TYPE Region 06 - ID PARTNERSHIP 40223-	(281) 351-5897 PRIVATELY OWNED HOUSTON
Facility Information: SPRING GROUP HOME 17403 DEER CREEK SPRING Phone (281) 576-4000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: VERDECOVE COMMUNITY F 21023 VERDECOVE LANE SPRING	TX Facility ID:	77379 Fax TITLE 18: TITLE19: TITLE 18/19: 003892 77388-4342	(281) 351-5897 0 0 0 Reg Svcs:	ICF/IID: 6	BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000 PROGRAM TYPE: ICF/IID License Exp Dt: 01/25/2018 Owner Information EDUCARE COMMUNITY LIVING LIMITER 9901 LINN STATION ROAD	T7433 FAX: SERVICE TYPE Region 06 - I	(281) 351-5897 PRIVATELY OWNED HOUSTON
Facility Information: SPRING GROUP HOME 17403 DEER CREEK SPRING Phone (281) 576-4000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: VERDECOVE COMMUNITY H 21023 VERDECOVE LANE SPRING Phone (281) 350-2836	TX Facility ID:	77379 Fax TITLE 18: TITLE19: TITLE 18/19: 003892 77388-4342 Fax	(281) 351-5897 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR)	BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000 PROGRAM TYPE: ICF/IID License Exp Dt: 01/25/2018 Owner Information EDUCARE COMMUNITY LIVING LIMITER 9901 LINN STATION ROAD LOUISVILLE KY	TAX: FAX: SERVICE TYPE Region 06 - ID PARTNERSHIP 40223- FAX:	(281) 351-5897 PRIVATELY OWNED HOUSTON
Facility Information: SPRING GROUP HOME 17403 DEER CREEK SPRING Phone (281) 576-4000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: VERDECOVE COMMUNITY H 21023 VERDECOVE LANE SPRING Phone (281) 350-2836 TOTAL Lic Capacity: 0	TX Facility ID:	77379	(281) 351-5897 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR)	BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000 PROGRAM TYPE: ICF/IID License Exp Dt: 01/25/2018 Owner Information EDUCARE COMMUNITY LIVING LIMITER 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100	TAX: FAX: SERVICE TYPE Region 06 - ID PARTNERSHIP 40223- FAX:	(281) 351-5897 PRIVATELY OWNED HOUSTON 3808 (502) 394-2285
Facility Information: SPRING GROUP HOME 17403 DEER CREEK SPRING Phone (281) 576-4000 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: VERDECOVE COMMUNITY H 21023 VERDECOVE LANE SPRING Phone (281) 350-2836 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	77379	(281) 351-5897 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR)	BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000 PROGRAM TYPE: ICF/IID License Exp Dt: 01/25/2018 Owner Information EDUCARE COMMUNITY LIVING LIMITER 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	TAX: SERVICE TYPE Region 06 - ID PARTNERSHIP 40223- FAX: SERVICE TYPE	(281) 351-5897 PRIVATELY OWNED HOUSTON 3808 (502) 394-2285
Facility Information: SPRING GROUP HOME 17403 DEER CREEK SPRING Phone (281) 576-4000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: VERDECOVE COMMUNITY H 21023 VERDECOVE LANE SPRING Phone (281) 350-2836 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	77379	(281) 351-5897 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000 PROGRAM TYPE: ICF/IID License Exp Dt: 01/25/2018 Owner Information EDUCARE COMMUNITY LIVING LIMITER 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	TAX: SERVICE TYPE Region 06 - ID PARTNERSHIP 40223- FAX: SERVICE TYPE	(281) 351-5897 PRIVATELY OWNED HOUSTON 3808 (502) 394-2285 PRIVATELY OWNED
Facility Information: SPRING GROUP HOME 17403 DEER CREEK SPRING Phone (281) 576-4000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: VERDECOVE COMMUNITY H 21023 VERDECOVE LANE SPRING Phone (281) 350-2836 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: COUNTY HARRIS Facility Information: COUNTY COUNTY HARRIS Facility Information: CHOCTAW GROUP HOME	TX Facility ID: HOME TX	77379 Fax TITLE 18: TITLE19: TITLE 18/19: 003892 77388-4342 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	(281) 351-5897 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000 PROGRAM TYPE: ICF/IID License Exp Dt: 01/25/2018 Owner Information EDUCARE COMMUNITY LIVING LIMITER 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019	TAX: SERVICE TYPE Region 06 - ID PARTNERSHIP 40223- FAX: SERVICE TYPE	(281) 351-5897 PRIVATELY OWNED HOUSTON 3808 (502) 394-2285 PRIVATELY OWNED
Facility Information: SPRING GROUP HOME 17403 DEER CREEK SPRING Phone (281) 576-4000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: VERDECOVE COMMUNITY F 21023 VERDECOVE LANE SPRING Phone (281) 350-2836 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: CHOCTAW GROUP HOME 11719 COCONINO LANE	Facility ID: TX Facility ID:	77379 Fax TITLE 18: TITLE19: TITLE 18/19: 003892 77388-4342 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	(281) 351-5897 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000 PROGRAM TYPE: ICF/IID License Exp Dt: 01/25/2018 Owner Information EDUCARE COMMUNITY LIVING LIMITER 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information	TAX: SERVICE TYPE Region 06 - 1 D PARTNERSHIP 40223- FAX: SERVICE TYPE Region 06 - 1	(281) 351-5897 PRIVATELY OWNED HOUSTON 3808 (502) 394-2285 PRIVATELY OWNED
Facility Information: SPRING GROUP HOME 17403 DEER CREEK SPRING Phone (281) 576-4000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: VERDECOVE COMMUNITY H 21023 VERDECOVE LANE SPRING Phone (281) 350-2836 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: COUNTY HARRIS Facility Information: COUNTY COUNTY HARRIS Facility Information: CHOCTAW GROUP HOME	TX Facility ID: HOME TX	77379 Fax TITLE 18: TITLE19: TITLE 18/19: 003892 77388-4342 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	(281) 351-5897 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000 PROGRAM TYPE: ICF/IID License Exp Dt: 01/25/2018 Owner Information EDUCARE COMMUNITY LIVING LIMITER 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information UCG CENTRAL TEXAS HOLDINGS LLC	TAX: SERVICE TYPE Region 06 - ID PARTNERSHIP 40223- FAX: SERVICE TYPE	(281) 351-5897 PRIVATELY OWNED HOUSTON 3808 (502) 394-2285 PRIVATELY OWNED
Facility Information: SPRING GROUP HOME 17403 DEER CREEK SPRING Phone (281) 576-4000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: VERDECOVE COMMUNITY H 21023 VERDECOVE LANE SPRING Phone (281) 350-2836 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: CHOCTAW GROUP HOME 11719 COCONINO LANE TOMBALL Phone (281) 255-9006	Facility ID: TX Facility ID:	77379 Fax TITLE 18: TITLE19: TITLE 18/19: 003892 77388-4342 Fax TITLE 18: TITLE19: TITLE 18/19: 003817 77377 Fax	(281) 351-5897 0 0 0 Reg Svcs: 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000 PROGRAM TYPE: ICF/IID License Exp Dt: 01/25/2018 Owner Information EDUCARE COMMUNITY LIVING LIMITER 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK	TAX: SERVICE TYPE Region 06 - 1 D PARTNERSHIP 40223- FAX: SERVICE TYPE Region 06 - 1	(281) 351-5897 PRIVATELY OWNED HOUSTON 3808 (502) 394-2285 PRIVATELY OWNED
Facility Information: SPRING GROUP HOME 17403 DEER CREEK SPRING Phone (281) 576-4000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: VERDECOVE COMMUNITY H 21023 VERDECOVE LANE SPRING Phone (281) 350-2836 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: CHOCTAW GROUP HOME 11719 COCONINO LANE TOMBALL	Facility ID: TX Facility ID:	77379	(281) 351-5897 0 0 0 Reg Svcs: 0 0 0 Reg Svcs: (214) 723-5331	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000 PROGRAM TYPE: ICF/IID License Exp Dt: 01/25/2018 Owner Information EDUCARE COMMUNITY LIVING LIMITER 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK NEW BRAUNFELS TX	TAX: SERVICE TYPE Region 06 - ID PARTNERSHIP 40223- FAX: SERVICE TYPE Region 06 - I 78130 FAX:	(281) 351-5897 PRIVATELY OWNED HOUSTON 3808 (502) 394-2285 PRIVATELY OWNED HOUSTON
Facility Information: SPRING GROUP HOME 17403 DEER CREEK SPRING Phone (281) 576-4000 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: VERDECOVE COMMUNITY H 21023 VERDECOVE LANE SPRING Phone (281) 350-2836 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRIS Facility Information: CHOCTAW GROUP HOME 11719 COCONINO LANE TOMBALL Phone (281) 255-9006 TOTAL Lic Capacity: 0	Facility ID: TX Facility ID:	77379	(281) 351-5897 0 0 0 Reg Svcs: 0 0 0 Reg Svcs: (214) 723-5331 0 0	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	BETHESDA LUTHERAN COMMUNITIES 18937 K Z RD CYPRESS TX PHONE: (281) 516-4000 PROGRAM TYPE: ICF/IID License Exp Dt: 01/25/2018 Owner Information EDUCARE COMMUNITY LIVING LIMITER 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK NEW BRAUNFELS TX PHONE: (830) 372-2920	TAX: SERVICE TYPE Region 06 - ID PARTNERSHIP 40223- FAX: SERVICE TYPE Region 06 - I 78130 FAX:	(281) 351-5897 PRIVATELY OWNED HOUSTON 3808 (502) 394-2285 PRIVATELY OWNED HOUSTON

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County HARRIS			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	105856			Owner Information	
CHOCTAW GROUP HOME					UCG CENTRAL TEXAS HOLDINGS LLC	
11719 COCONINO LANE TOMBALL	TX	77377			750 RUSK	
Phone (281) 255-9006		Fax			NEW BRAUNFELS TX	78130
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 8	PHONE: (830) 372-2920	FAX: (214) 723-5331
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 09/01/2017	
County HARRIS			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	003607			Owner Information	
LIMERICK LANE					REACH UNLIMITED INC	
14119 LIMERICK LN TOMBALL	TX	77375			12777 JONES RD	,#103
Phone (281) 351-6612		Fax	(281) 357-4680		HOUSTON TX	77070
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE: (281) 469-8058	FAX: (281) 469-5030
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 06/13/2018	
County HARRIS			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	003986	·	, ,	Owner Information	, and the second
TOMBALL HILLS HOME					BETHESDA LUTHERAN COMMUNITIES I	NC
31111 STELLA LN TOMBALL	TX	77375			18937 K Z RD	
Phone (281) 516-4000		Fax	(281) 351-5897		CYPRESS TX	77433
TOTAL Lic Capacity: 0		TITLE 18:	, ,	ICF/IID: 6	PHONE : (281) 516-4000	FAX: (281) 351-5897
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 08/02/2018	
County HARRIS			Rea Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
County HARRIS Facility Information:	Facility ID:	003989	Reg Svcs:	UNIT 21 (ICF/MR)	Owner Information	Region 06 - HOUSTON
•	Facility ID:	003989	Reg Svcs:	UNIT 21 (ICF/MR)	Owner Information REACH UNLIMITED INC	Region 06 - HOUSTON
Facility Information: WHITE RIVER 12335 WHITE RIVER	·		Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information: WHITE RIVER 12335 WHITE RIVER TOMBALL	Facility ID:	77375	-	UNIT 21 (ICF/MR)	REACH UNLIMITED INC	·
Facility Information: WHITE RIVER 12335 WHITE RIVER TOMBALL Phone (281) 351-9735	·	77375 Fax	(281) 351-5868	` , , , , , , , , , , , , , , , , , , ,	REACH UNLIMITED INC 12777 JONES RD	,#103
Facility Information: WHITE RIVER 12335 WHITE RIVER TOMBALL	·	77375	(281) 351-5868 0	UNIT 21 (ICF/MR) ICF/IID: 6	REACH UNLIMITED INC 12777 JONES RD HOUSTON TX	,#103 77070
Facility Information: WHITE RIVER 12335 WHITE RIVER TOMBALL Phone (281) 351-9735 TOTAL Lic Capacity: 0	·	77375 Fax TITLE 18:	(281) 351-5868 0	` , , , , , , , , , , , , , , , , , , ,	REACH UNLIMITED INC 12777 JONES RD HOUSTON TX PHONE: (281) 469-8058	,#103 77070 FAX: (281) 469-5030
Facility Information: WHITE RIVER 12335 WHITE RIVER TOMBALL Phone (281) 351-9735 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	77375 Fax TITLE 18: TITLE19:	(281) 351-5868 0 0	ICF/IID: 6	REACH UNLIMITED INC 12777 JONES RD HOUSTON TX PHONE: (281) 469-8058 PROGRAM TYPE: ICF/IID	,#103 77070 FAX: (281) 469-5030 SERVICE TYPE PRIVATELY OWNED
Facility Information: WHITE RIVER 12335 WHITE RIVER TOMBALL Phone (281) 351-9735 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	77375 Fax TITLE 18: TITLE19:	(281) 351-5868 0	` , , , , , , , , , , , , , , , , , , ,	REACH UNLIMITED INC 12777 JONES RD HOUSTON TX PHONE: (281) 469-8058 PROGRAM TYPE: ICF/IID	,#103 77070 FAX: (281) 469-5030
Facility Information: WHITE RIVER 12335 WHITE RIVER TOMBALL Phone (281) 351-9735 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRISON Facility Information: PINE HAVEN	тх	77375 Fax TITLE 18: TITLE19: TITLE 18/19:	(281) 351-5868 0 0	ICF/IID: 6	REACH UNLIMITED INC 12777 JONES RD HOUSTON TX PHONE: (281) 469-8058 PROGRAM TYPE: ICF/IID License Exp Dt: 01/18/2018	,#103 77070 FAX: (281) 469-5030 SERVICE TYPE PRIVATELY OWNED
Facility Information: WHITE RIVER 12335 WHITE RIVER TOMBALL Phone (281) 351-9735 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRISON Facility Information: PINE HAVEN 2402 PALATO DR	TX Facility ID:	77375 Fax TITLE 18: TITLE19: TITLE 18/19:	(281) 351-5868 0 0	ICF/IID: 6	REACH UNLIMITED INC 12777 JONES RD HOUSTON TX PHONE: (281) 469-8058 PROGRAM TYPE: ICF/IID License Exp Dt: 01/18/2018 Owner Information	,#103 77070 FAX: (281) 469-5030 SERVICE TYPE PRIVATELY OWNED
Facility Information: WHITE RIVER 12335 WHITE RIVER TOMBALL Phone (281) 351-9735 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRISON Facility Information: PINE HAVEN	тх	77375 Fax TITLE 18: TITLE19: TITLE 18/19:	(281) 351-5868 0 0	ICF/IID: 6	REACH UNLIMITED INC 12777 JONES RD HOUSTON TX PHONE: (281) 469-8058 PROGRAM TYPE: ICF/IID License Exp Dt: 01/18/2018 Owner Information HARMONY LIVING CENTERS INC	,#103 77070 FAX: (281) 469-5030 SERVICE TYPE PRIVATELY OWNED
Facility Information: WHITE RIVER 12335 WHITE RIVER TOMBALL Phone (281) 351-9735 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRISON Facility Information: PINE HAVEN 2402 PALATO DR MARSHALL Phone (903) 935-0468	TX Facility ID:	77375	(281) 351-5868 0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID TEAM	REACH UNLIMITED INC 12777 JONES RD HOUSTON TX PHONE: (281) 469-8058 PROGRAM TYPE: ICF/IID License Exp Dt: 01/18/2018 Owner Information HARMONY LIVING CENTERS INC 112 S WARD DR	#103 77070 FAX: (281) 469-5030 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER
Facility Information: WHITE RIVER 12335 WHITE RIVER TOMBALL Phone (281) 351-9735 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRISON Facility Information: PINE HAVEN 2402 PALATO DR MARSHALL	TX Facility ID:	77375 Fax TITLE 18: TITLE 19: TITLE 18/19: 007427 75670	(281) 351-5868 0 0 0 Reg Svcs:	ICF/IID: 6	REACH UNLIMITED INC 12777 JONES RD HOUSTON TX PHONE: (281) 469-8058 PROGRAM TYPE: ICF/IID License Exp Dt: 01/18/2018 Owner Information HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX	,#103 77070 FAX: (281) 469-5030 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER
Facility Information: WHITE RIVER 12335 WHITE RIVER TOMBALL Phone (281) 351-9735 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRISON Facility Information: PINE HAVEN 2402 PALATO DR MARSHALL Phone (903) 935-0468 TOTAL Lic Capacity: 0	TX Facility ID:	77375	(281) 351-5868 0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID TEAM	REACH UNLIMITED INC 12777 JONES RD HOUSTON TX PHONE: (281) 469-8058 PROGRAM TYPE: ICF/IID License Exp Dt: 01/18/2018 Owner Information HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391	#103 77070 FAX: (281) 469-5030 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER 75604 FAX: (903) 295-7394
Facility Information: WHITE RIVER 12335 WHITE RIVER TOMBALL Phone (281) 351-9735 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRISON Facility Information: PINE HAVEN 2402 PALATO DR MARSHALL Phone (903) 935-0468 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	77375	(281) 351-5868 0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID TEAM	REACH UNLIMITED INC 12777 JONES RD HOUSTON TX PHONE: (281) 469-8058 PROGRAM TYPE: ICF/IID License Exp Dt: 01/18/2018 Owner Information HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID	#103 77070 FAX: (281) 469-5030 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER 75604 FAX: (903) 295-7394
Facility Information: WHITE RIVER 12335 WHITE RIVER TOMBALL Phone (281) 351-9735 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRISON Facility Information: PINE HAVEN 2402 PALATO DR MARSHALL Phone (903) 935-0468 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	77375	(281) 351-5868 0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID TEAM ICF/IID: 6	REACH UNLIMITED INC 12777 JONES RD HOUSTON TX PHONE: (281) 469-8058 PROGRAM TYPE: ICF/IID License Exp Dt: 01/18/2018 Owner Information HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID	#103 77070 FAX: (281) 469-5030 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER 75604 FAX: (903) 295-7394 SERVICE TYPE PRIVATELY OWNED
Facility Information: WHITE RIVER 12335 WHITE RIVER TOMBALL Phone (281) 351-9735 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRISON Facility Information: PINE HAVEN 2402 PALATO DR MARSHALL Phone (903) 935-0468 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRISON Facility Information: SUGAR CREEK	TX Facility ID:	77375	(281) 351-5868 0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID TEAM ICF/IID: 6	REACH UNLIMITED INC 12777 JONES RD HOUSTON TX PHONE: (281) 469-8058 PROGRAM TYPE: ICF/IID License Exp Dt: 01/18/2018 Owner Information HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018	#103 77070 FAX: (281) 469-5030 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER 75604 FAX: (903) 295-7394 SERVICE TYPE PRIVATELY OWNED
Facility Information: WHITE RIVER 12335 WHITE RIVER TOMBALL Phone (281) 351-9735 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRISON Facility Information: PINE HAVEN 2402 PALATO DR MARSHALL Phone (903) 935-0468 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRISON Facility Information: SUGAR CREEK 101 ROSEBUD DRIVE	TX Facility ID: TX Facility ID:	77375	(281) 351-5868 0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID TEAM ICF/IID: 6	REACH UNLIMITED INC 12777 JONES RD HOUSTON TX PHONE: (281) 469-8058 PROGRAM TYPE: ICF/IID License Exp Dt: 01/18/2018 Owner Information HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information HARMONY LIVING CENTERS INC 112 S WARD DR COWNER INFORMATION HARMONY LIVING CENTERS INC 112 S WARD DR	#103 77070 FAX: (281) 469-5030 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER 75604 FAX: (903) 295-7394 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER
Facility Information: WHITE RIVER 12335 WHITE RIVER TOMBALL Phone (281) 351-9735 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRISON Facility Information: PINE HAVEN 2402 PALATO DR MARSHALL Phone (903) 935-0468 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRISON Facility Information: SUGAR CREEK	TX Facility ID:	77375	(281) 351-5868 0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID TEAM ICF/IID: 6	REACH UNLIMITED INC 12777 JONES RD HOUSTON TX PHONE: (281) 469-8058 PROGRAM TYPE: ICF/IID License Exp Dt: 01/18/2018 Owner Information HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information HARMONY LIVING CENTERS INC	#103 77070 FAX: (281) 469-5030 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER 75604 FAX: (903) 295-7394 SERVICE TYPE PRIVATELY OWNED
Facility Information: WHITE RIVER 12335 WHITE RIVER TOMBALL Phone (281) 351-9735 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRISON Facility Information: PINE HAVEN 2402 PALATO DR MARSHALL Phone (903) 935-0468 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRISON Facility Information: SUGAR CREEK 101 ROSEBUD DRIVE MARSHALL	TX Facility ID: TX Facility ID:	77375	(281) 351-5868 0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID TEAM ICF/IID: 6	REACH UNLIMITED INC 12777 JONES RD HOUSTON TX PHONE: (281) 469-8058 PROGRAM TYPE: ICF/IID License Exp Dt: 01/18/2018 Owner Information HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information HARMONY LIVING CENTERS INC 112 S WARD DR COWNER INFORMATION HARMONY LIVING CENTERS INC 112 S WARD DR	#103 77070 FAX: (281) 469-5030 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER 75604 FAX: (903) 295-7394 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER
Facility Information: WHITE RIVER 12335 WHITE RIVER TOMBALL Phone (281) 351-9735 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRISON Facility Information: PINE HAVEN 2402 PALATO DR MARSHALL Phone (903) 935-0468 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HARRISON Facility Information: SUGAR CREEK 101 ROSEBUD DRIVE MARSHALL Phone (903) 935-0263	TX Facility ID: TX Facility ID:	77375	(281) 351-5868 0 0 0 Reg Svcs: 0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID TEAM ICF/IID: 6	REACH UNLIMITED INC 12777 JONES RD HOUSTON TX PHONE: (281) 469-8058 PROGRAM TYPE: ICF/IID License Exp Dt: 01/18/2018 Owner Information HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX Owner Information HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX	#103
Facility Information: WHITE RIVER 12335 WHITE RIVER TOMBALL Phone (281) 351-9735 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRISON Facility Information: PINE HAVEN 2402 PALATO DR MARSHALL Phone (903) 935-0468 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HARRISON Facility Information: SUGAR CREEK 101 ROSEBUD DRIVE MARSHALL Phone (903) 935-0263 TOTAL Lic Capacity: 0	TX Facility ID: TX Facility ID:	77375	(281) 351-5868 0 0 0 Reg Svcs: 0 0 0 Reg Svcs: (903) 934-8484 0 0	ICF/IID: 6 ICF/IID TEAM ICF/IID: 6	REACH UNLIMITED INC 12777 JONES RD HOUSTON TX PHONE: (281) 469-8058 PROGRAM TYPE: ICF/IID License Exp Dt: 01/18/2018 Owner Information HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 COWNER INFORMATION HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391	#103 77070 FAX: (281) 469-5030 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER 75604 FAX: (903) 295-7394 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER

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County HAYS			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	007542	-		Owner Information	-
CEDAR VALLEY COMMUNITY	Y RESIDENCE				RESCARE SERVICES INC	
12800 DANIEL BOONE DR	TV	70727			3711 SAN ANTONIO ST	
AUSTIN Phone (512) 288-4259	TX	78737 Fax	(512) 328-1832		AUSTIN TX	78734-2126
(, , , , , , , , , , , , , , , , , , ,			,	IOF/IID.	PHONE : (512) 328-1832	FAX: (512) 328-1833
TOTAL Lic Capacity: 0		TITLE 18: TITLE19:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0 PRIVATE Beds: 0		TITLE 18/19:			License Evn Dt. 06/00/0019	
		111LE 10/19.			License Exp Dt: 06/09/2018	
County HAYS Facility Information:	Facility ID:	104575	Reg Svcs:	IID (AUSTIN REGION)	Owner Information	Region 07 - AUSTIN
SUN BONNET COMMUNITY F	-	104010			D & S RESIDENTIAL SERVICES LP	
500 REBEL DRIVE					8911 N CAPITAL OF TX HWY	,BLDG 1 STE 1300
BUDA	TX	78610			AUSTIN TX	78759
Phone (512) 312-2228		Fax	(512) 504-9639		PHONE: (512) 327-2325	FAX : (512) 327-5355
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	,	,
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 12/01/2017	
County HAYS			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	007300			Owner Information	
PEACHTREE COMMUNITY R	ESIDENCE				D & S RESIDENTIAL SERVICES LP	
101 SPRINGLAKE DR DRIPPING SPRINGS	TX	78620			8911 N CAPITAL OF TX HWY	,BLDG 1 STE 1300
Phone (512) 894-4230		Fax	(512) 327-7181		AUSTIN TX	78759
TOTAL Lic Capacity: 0		TITLE 18:	• •	ICF/IID: 6	PHONE : (512) 327-2325	FAX: (512) 327-5355
Cert Alzh Capacity: 0		TITLE 19:		IOTAID.	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 12/01/2017	
County HAVE			Dog Syes:	IID (ALICTINI DECIONI)		Posion 07 ALISTIN
County HAYS Facility Information:	Facility ID:	007278	Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	007278	Reg Svcs:	IID (AUSTIN REGION)	Owner Information	Region 07 - AUSTIN
•	Facility ID:		Reg Svcs:	IID (AUSTIN REGION)	Owner Information UCG CENTRAL TEXAS HOLDINGS LLC	Region 07 - AUSTIN
Facility Information: LAGO VISTA 1129 LAGO VISTA SAN MARCOS	Facility ID:	78666	·	IID (AUSTIN REGION)	Owner Information	Region 07 - AUSTIN 78130
Facility Information: LAGO VISTA 1129 LAGO VISTA	·		Reg Svcs: (214) 723-5331	IID (AUSTIN REGION)	Owner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK NEW BRAUNFELS TX	78130
Facility Information: LAGO VISTA 1129 LAGO VISTA SAN MARCOS Phone (512) 392-0099 TOTAL Lic Capacity: 0	·	78666 Fax TITLE 18:	(214) 723-5331 0	IID (AUSTIN REGION) ICF/IID: 6	Owner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK NEW BRAUNFELS TX PHONE: (830) 372-2920	78130 FAX: (214) 723-5331
Facility Information: LAGO VISTA 1129 LAGO VISTA SAN MARCOS Phone (512) 392-0099 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	78666 Fax TITLE 18: TITLE19:	(214) 723-5331 0 0		Owner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK NEW BRAUNFELS TX PHONE: (830) 372-2920 PROGRAM TYPE: CF/IID	78130
Facility Information: LAGO VISTA 1129 LAGO VISTA SAN MARCOS Phone (512) 392-0099 TOTAL Lic Capacity: 0	·	78666 Fax TITLE 18:	(214) 723-5331 0 0		Owner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK NEW BRAUNFELS TX PHONE: (830) 372-2920	78130 FAX: (214) 723-5331
Facility Information: LAGO VISTA 1129 LAGO VISTA SAN MARCOS Phone (512) 392-0099 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	78666 Fax TITLE 18: TITLE19:	(214) 723-5331 0 0		Owner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK NEW BRAUNFELS TX PHONE: (830) 372-2920 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017	78130 FAX: (214) 723-5331
Facility Information: LAGO VISTA 1129 LAGO VISTA SAN MARCOS Phone (512) 392-0099 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HAYS Facility Information:	·	78666 Fax TITLE 18: TITLE19:	(214) 723-5331 0 0	ICF/IID: 6	Owner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK NEW BRAUNFELS TX PHONE: (830) 372-2920 PROGRAM TYPE: ICF/IIID License Exp Dt: 09/01/2017 Owner Information	78130 FAX: (214) 723-5331 SERVICE TYPE PRIVATELY OWNED
Facility Information: LAGO VISTA 1129 LAGO VISTA SAN MARCOS Phone (512) 392-0099 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HAYS Facility Information: MCCARTY HOUSE	тх	78666 Fax TITLE 18: TITLE19: TITLE 18/19:	(214) 723-5331 0 0	ICF/IID: 6	Owner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK NEW BRAUNFELS TX PHONE: (830) 372-2920 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information R & K SPECIALIZED HOMES INC	78130 FAX: (214) 723-5331 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: LAGO VISTA 1129 LAGO VISTA SAN MARCOS Phone (512) 392-0099 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HAYS Facility Information:	тх	78666 Fax TITLE 18: TITLE19: TITLE 18/19:	(214) 723-5331 0 0	ICF/IID: 6	Owner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK NEW BRAUNFELS TX PHONE: (830) 372-2920 PROGRAM TYPE: ICF/IIID License Exp Dt: 09/01/2017 Owner Information R & K SPECIALIZED HOMES INC 1550 NE LOOP 410	78130 FAX: (214) 723-5331 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,STE 206
Facility Information: LAGO VISTA 1129 LAGO VISTA SAN MARCOS Phone (512) 392-0099 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HAYS Facility Information: MCCARTY HOUSE 2206 MCCARTY LN	TX Facility ID:	78666 Fax TITLE 18: TITLE19: TITLE 18/19:	(214) 723-5331 0 0	ICF/IID: 6	Owner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK NEW BRAUNFELS TX PHONE: (830) 372-2920 PROGRAM TYPE: ICF/IIID License Exp Dt: 09/01/2017 Owner Information R & K SPECIALIZED HOMES INC 1550 NE LOOP 410 SAN ANTONIO TX	78130 FAX: (214) 723-5331 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,STE 206 78209
Facility Information: LAGO VISTA 1129 LAGO VISTA SAN MARCOS Phone (512) 392-0099 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HAYS Facility Information: MCCARTY HOUSE 2206 MCCARTY LN SAN MARCOS	TX Facility ID:	78666 Fax TITLE 18: TITLE 19: TITLE 18/19: 003650	(214) 723-5331 0 0 0 Reg Svcs:	ICF/IID: 6	Owner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK NEW BRAUNFELS TX PHONE: (830) 372-2920 PROGRAM TYPE: ICF/IIID License Exp Dt: 09/01/2017 Owner Information R & K SPECIALIZED HOMES INC 1550 NE LOOP 410	78130 FAX: (214) 723-5331 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,STE 206
Facility Information: LAGO VISTA 1129 LAGO VISTA SAN MARCOS Phone (512) 392-0099 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HAYS Facility Information: MCCARTY HOUSE 2206 MCCARTY LN SAN MARCOS Phone (512) 392-0666	TX Facility ID:	78666 Fax TITLE 18: TITLE 19: TITLE 18/19: 003650 78666 Fax	(214) 723-5331 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION)	Owner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK NEW BRAUNFELS TX PHONE: (830) 372-2920 PROGRAM TYPE: ICF/IIID License Exp Dt: 09/01/2017 Owner Information R & K SPECIALIZED HOMES INC 1550 NE LOOP 410 SAN ANTONIO TX	78130 FAX: (214) 723-5331 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,STE 206 78209
Facility Information: LAGO VISTA 1129 LAGO VISTA SAN MARCOS Phone (512) 392-0099 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HAYS Facility Information: MCCARTY HOUSE 2206 MCCARTY LN SAN MARCOS Phone (512) 392-0666 TOTAL Lic Capacity: 0	TX Facility ID:	78666 Fax TITLE 18: TITLE 18/19: 003650 78666 Fax TITLE 18:	(214) 723-5331 0 0 0 Reg Svcs: (210) 651-3078 0	ICF/IID: 6 IID (AUSTIN REGION)	Owner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK NEW BRAUNFELS TX PHONE: (830) 372-2920 PROGRAM TYPE: ICF/IIID License Exp Dt: 09/01/2017 Owner Information R & K SPECIALIZED HOMES INC 1550 NE LOOP 410 SAN ANTONIO TX PHONE: (210) 805-0802	78130 FAX: (214) 723-5331 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,STE 206
Facility Information: LAGO VISTA 1129 LAGO VISTA SAN MARCOS Phone (512) 392-0099 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HAYS Facility Information: MCCARTY HOUSE 2206 MCCARTY LN SAN MARCOS Phone (512) 392-0666 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	78666	(214) 723-5331 0 0 0 Reg Svcs: (210) 651-3078 0	ICF/IID: 6 IID (AUSTIN REGION)	Owner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK NEW BRAUNFELS TX PHONE: (830) 372-2920 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information R & K SPECIALIZED HOMES INC 1550 NE LOOP 410 SAN ANTONIO TX PHONE: (210) 805-0802 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2017	78130 FAX: (214) 723-5331 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,STE 206
Facility Information: LAGO VISTA 1129 LAGO VISTA SAN MARCOS Phone (512) 392-0099 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HAYS Facility Information: MCCARTY HOUSE 2206 MCCARTY LN SAN MARCOS Phone (512) 392-0666 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	78666	(214) 723-5331 0 0 0 Reg Svcs: (210) 651-3078 0 0	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK NEW BRAUNFELS TX PHONE: (830) 372-2920 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information R & K SPECIALIZED HOMES INC 1550 NE LOOP 410 SAN ANTONIO TX PHONE: (210) 805-0802 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2017	78130 FAX: (214) 723-5331 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,STE 206
Facility Information: LAGO VISTA 1129 LAGO VISTA SAN MARCOS Phone (512) 392-0099 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HAYS Facility Information: MCCARTY HOUSE 2206 MCCARTY LN SAN MARCOS Phone (512) 392-0666 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	78666	(214) 723-5331 0 0 0 Reg Svcs: (210) 651-3078 0 0	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK NEW BRAUNFELS TX PHONE: (830) 372-2920 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information R & K SPECIALIZED HOMES INC 1550 NE LOOP 410 SAN ANTONIO TX PHONE: (210) 805-0802 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2017	78130 FAX: (214) 723-5331 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,STE 206
Facility Information: LAGO VISTA 1129 LAGO VISTA SAN MARCOS Phone (512) 392-0099 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HAYS Facility Information: MCCARTY HOUSE 2206 MCCARTY LN SAN MARCOS Phone (512) 392-0666 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HAYS Facility Information: MCCARTY HOUSE 2206 MCCARTY LN SAN MARCOS Phone (512) 392-0666 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HAYS Facility Information: MOCKINGBIRD VILLA 1502 MOCKINGBIRD LN	TX Facility ID: TX Facility ID:	78666	(214) 723-5331 0 0 0 Reg Svcs: (210) 651-3078 0 0	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Name Name	78130 FAX: (214) 723-5331 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,STE 206
Facility Information: LAGO VISTA 1129 LAGO VISTA SAN MARCOS Phone (512) 392-0099 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HAYS Facility Information: MCCARTY HOUSE 2206 MCCARTY LN SAN MARCOS Phone (512) 392-0666 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HAYS Facility Information: MCCKINGBIRD VILLA 1502 MOCKINGBIRD LN SAN MARCOS	TX Facility ID:	78666 Fax TITLE 18: TITLE 19: TITLE 18/19: 003650 78666 Fax TITLE 18: TITLE 19: TITLE 18/19: 003919	(214) 723-5331 0 0 0 Reg Svcs: (210) 651-3078 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK NEW BRAUNFELS TX PHONE: (830) 372-2920 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information R & K SPECIALIZED HOMES INC 1550 NE LOOP 410 SAN ANTONIO TX PHONE: (210) 805-0802 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2017 Owner Information UCG CENTRAL TEXAS HOLDINGS LLC	78130 FAX: (214) 723-5331 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,STE 206
Facility Information: LAGO VISTA 1129 LAGO VISTA SAN MARCOS Phone (512) 392-0099 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HAYS Facility Information: MCCARTY HOUSE 2206 MCCARTY LN SAN MARCOS Phone (512) 392-0666 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HAYS Facility Information: MCCARTY LN SAN MARCOS Phone (512) 392-0666 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID: TX Facility ID:	78666	(214) 723-5331 0 0 0 Reg Svcs: (210) 651-3078 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6 IID (AUSTIN REGION)	Owner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK NEW BRAUNFELS TX PHONE: (830) 372-2920 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information R & K SPECIALIZED HOMES INC 1550 NE LOOP 410 SAN ANTONIO TX PHONE: (210) 805-0802 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2017 Owner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK	78130 FAX: (214) 723-5331 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,STE 206
Facility Information: LAGO VISTA 1129 LAGO VISTA SAN MARCOS Phone (512) 392-0099 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HAYS Facility Information: MCCARTY HOUSE 2206 MCCARTY LN SAN MARCOS Phone (512) 392-0666 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HAYS Facility Information: MCCARTY HOUSE 2206 MCCARTY LN SAN MARCOS Phone (512) 392-0666 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HAYS Facility Information: MCKINGBIRD VILLA 1502 MCKINGBIRD LN SAN MARCOS Phone (512) 392-0088 TOTAL Lic Capacity: 0	TX Facility ID: TX Facility ID:	78666	(214) 723-5331 0 0 0 Reg Svcs: (210) 651-3078 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK NEW BRAUNFELS TX PHONE: (830) 372-2920 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information R & K SPECIALIZED HOMES INC 1550 NE LOOP 410 SAN ANTONIO TX PHONE: (210) 805-0802 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2017 Owner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK NEW BRAUNFELS TX PHONE: (830) 372-2920	78130 FAX: (214) 723-5331 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,STE 206
Facility Information: LAGO VISTA 1129 LAGO VISTA SAN MARCOS Phone (512) 392-0099 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HAYS Facility Information: MCCARTY HOUSE 2206 MCCARTY LN SAN MARCOS Phone (512) 392-0666 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HAYS Facility Information: MCKINGBIRD VILLA 1502 MOCKINGBIRD VILLA 1502 MOCKINGBIRD LN SAN MARCOS Phone (512) 392-0088	TX Facility ID: TX Facility ID:	78666	(214) 723-5331 0 0 0 Reg Svcs: (210) 651-3078 0 0 0 Reg Svcs: (214) 723-5331 0	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6 IID (AUSTIN REGION)	Owner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK NEW BRAUNFELS TX PHONE: (830) 372-2920 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information R & K SPECIALIZED HOMES INC 1550 NE LOOP 410 SAN ANTONIO TX PHONE: (210) 805-0802 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2017 Owner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK NEW BRAUNFELS TX	78130 FAX: (214) 723-5331 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,STE 206

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County HAYS			Reg Svcs:	IID (AUSTIN REGION)		Region 07 -	AUSTIN
Facility Information:	Facility ID:	105956	·	,	Owner Information	· ·	
R&K SPECIALIZED HOMES, IN	NC.				R & K SPECIALIZED HOMES INC		
707 EASTON DR SAN MARCOS	TX	78666			1550 NE LOOP 410	,STE 206	
Phone (210) 805-0802		Fax	(210) 805-0744		SAN ANTONIO TX	78209	
TOTAL Lic Capacity: 0		TITLE 18:	, ,	ICF/IID: 6	PHONE : (210) 805-0802	FAX:	(210) 805-0744
Cert Alzh Capacity: 0		TITLE19:		ionnia.	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 09/23/2018		
County HAYS			Reg Svcs:	IID (AUSTIN REGION)		Region 07 -	AUSTIN
Facility Information:	Facility ID:	003874		(*	Owner Information		
RIO BLANCO					UCG CENTRAL TEXAS HOLDINGS LLC		
1010 E UHLAND RD SAN MARCOS	TX	78666			750 RUSK		
Phone (512) 392-0999	1.4	Fax	(214) 723-5331		NEW BRAUNFELS TX	78130	
TOTAL Lic Capacity: 0		TITLE 18:	` '	ICF/IID: 6	PHONE : (830) 372-2920	FAX:	(214) 723-5331
Cert Alzh Capacity: 0		TITLE 10.		ICITIID. 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 09/01/2017		
				IOE/IID TEAM	г зогопдот	Doning 04	TVIED
County HENDERSON	Escility ID:	010354	Reg Svcs:	ICF/IID TEAM	Owner Information	Region 04 -	TYLER
Facility Information: ATHENS PLACE GROUP HON	Facility ID:	010004			Owner Information ANDREWS CENTER		
4875 FM 2709					2323 W FRONT ST		
ATHENS	TX	75751			TYLER TX	75702	
Phone (903) 675-6784		Fax			PHONE : (903) 567-1351	FAX:	(903) 535-7384
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 8	PROGRAM TYPE: ICF/IID		GOVERNMENT BASED
Cert Alzh Capacity: 0		TITLE19:				OLIVIOL III L	GOVERNMENT BAGED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt:		
County HIDALGO			Reg Svcs:	CORPUS CHRISTI 61		Region 11 -	CORPUS CHRISTI
Facility Information:	Facility ID:	003602	Reg Svcs:	CORPUS CHRISTI 61	Owner Information	J	CORPUS CHRISTI
Facility Information: 207 ENFIELD	Facility ID:	003602	Reg Svcs:	CORPUS CHRISTI 61	SOUTH TEXAS COMMUNITY LIVING CO	RP	CORPUS CHRISTI
Facility Information:	Facility ID:	003602 78539	Reg Svcs:	CORPUS CHRISTI 61	SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR	RP ,STE 140 E	CORPUS CHRISTI
Facility Information: 207 ENFIELD 207 ENFIELD	·		Reg Svcs: (956) 631-6156	CORPUS CHRISTI 61	SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX	RP ,STE 140 E 77389	
Facility Information: 207 ENFIELD 207 ENFIELD EDINBURG	·	78539 Fax	·	CORPUS CHRISTI 61 ICF/IID: 6	SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758	RP ,STE 140 E 77389 FAX:	(210) 255-4500
Facility Information: 207 ENFIELD 207 ENFIELD EDINBURG Phone (956) 631-0045	·	78539 Fax	(956) 631-6156 0		SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX	RP ,STE 140 E 77389 FAX:	
Facility Information: 207 ENFIELD 207 ENFIELD EDINBURG Phone (956) 631-0045 TOTAL Lic Capacity: 0	·	78539 Fax TITLE 18:	(956) 631-6156 0		SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758	RP ,STE 140 E 77389 FAX:	(210) 255-4500
Facility Information: 207 ENFIELD 207 ENFIELD EDINBURG Phone (956) 631-0045 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	78539 Fax TITLE 18: TITLE19:	(956) 631-6156 0		SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID	RP ,STE 140 E 77389 FAX: SERVICE TYPE	(210) 255-4500
Facility Information: 207 ENFIELD 207 ENFIELD EDINBURG Phone (956) 631-0045 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	78539 Fax TITLE 18: TITLE19:	(956) 631-6156 0 0	ICF/IID: 6	SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID	RP ,STE 140 E 77389 FAX: SERVICE TYPE	(210) 255-4500 PRIVATELY OWNED
Facility Information: 207 ENFIELD 207 ENFIELD EDINBURG Phone (956) 631-0045 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HIDALGO Facility Information: 922 DIANA DRIVE	тх	78539 Fax TITLE 18: TITLE 18/19:	(956) 631-6156 0 0	ICF/IID: 6	SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018	RP ,STE 140 E 77389 FAX: SERVICE TYPE Region 11 -	(210) 255-4500 PRIVATELY OWNED
Facility Information: 207 ENFIELD 207 ENFIELD EDINBURG Phone (956) 631-0045 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HIDALGO Facility Information:	тх	78539 Fax TITLE 18: TITLE 18/19:	(956) 631-6156 0 0	ICF/IID: 6	SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR	RP ,STE 140 E 77389 FAX: SERVICE TYPE Region 11 - RP ,STE 140 E	(210) 255-4500 PRIVATELY OWNED
Facility Information: 207 ENFIELD 207 ENFIELD EDINBURG Phone (956) 631-0045 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HIDALGO Facility Information: 922 DIANA DRIVE 922 DIANA DRIVE	TX Facility ID:	78539 Fax TITLE 18: TITLE19: TITLE 18/19:	(956) 631-6156 0 0	ICF/IID: 6	SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information SOUTH TEXAS COMMUNITY LIVING CO	RP ,STE 140 E 77389 FAX: SERVICE TYPE Region 11 -	(210) 255-4500 PRIVATELY OWNED
Facility Information: 207 ENFIELD 207 ENFIELD EDINBURG Phone (956) 631-0045 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HIDALGO Facility Information: 922 DIANA DRIVE 922 DIANA DRIVE EDINBURG	TX Facility ID:	78539	(956) 631-6156 0 0 0 Reg Svcs:	ICF/IID: 6	SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR	RP ,STE 140 E 77389 FAX: SERVICE TYPE Region 11 - RP ,STE 140 E	(210) 255-4500 PRIVATELY OWNED
Facility Information: 207 ENFIELD 207 ENFIELD EDINBURG Phone (956) 631-0045 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HIDALGO Facility Information: 922 DIANA DRIVE 922 DIANA DRIVE EDINBURG Phone (956) 381-0026	TX Facility ID:	78539	(956) 631-6156 0 0 0 Reg Svcs:	ICF/IID: 6 CORPUS CHRISTI 61	SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX	RP ,STE 140 E 77389	(210) 255-4500 PRIVATELY OWNED CORPUS CHRISTI
Facility Information: 207 ENFIELD 207 ENFIELD EDINBURG Phone (956) 631-0045 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HIDALGO Facility Information: 922 DIANA DRIVE 922 DIANA DRIVE EDINBURG Phone (956) 381-0026 TOTAL Lic Capacity: 0	TX Facility ID:	78539	(956) 631-6156 0 0 0 Reg Svcs: (956) 631-6156 0	ICF/IID: 6 CORPUS CHRISTI 61	SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758	RP ,STE 140 E 77389	(210) 255-4500 PRIVATELY OWNED CORPUS CHRISTI (210) 255-4500
Facility Information: 207 ENFIELD 207 ENFIELD 207 ENFIELD EDINBURG Phone (956) 631-0045 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HIDALGO Facility Information: 922 DIANA DRIVE 922 DIANA DRIVE 922 DIANA DRIVE EDINBURG Phone (956) 381-0026 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	78539	(956) 631-6156 0 0 0 Reg Svcs: (956) 631-6156 0 0	ICF/IID: 6 CORPUS CHRISTI 61 ICF/IID: 6	SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID	RP ,STE 140 E 77389 FAX: SERVICE TYPE Region 11 - RP ,STE 140 E 77389 FAX: SERVICE TYPE	(210) 255-4500 PRIVATELY OWNED CORPUS CHRISTI (210) 255-4500 PRIVATELY OWNED
Facility Information: 207 ENFIELD 207 ENFIELD EDINBURG Phone (956) 631-0045 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HIDALGO Facility Information: 922 DIANA DRIVE 922 DIANA DRIVE 922 DIANA DRIVE EDINBURG Phone (956) 381-0026 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	78539	(956) 631-6156 0 0 0 Reg Svcs: (956) 631-6156 0	ICF/IID: 6 CORPUS CHRISTI 61	SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID	RP ,STE 140 E 77389 FAX: SERVICE TYPE Region 11 - RP ,STE 140 E 77389 FAX: SERVICE TYPE	(210) 255-4500 PRIVATELY OWNED CORPUS CHRISTI (210) 255-4500
Facility Information: 207 ENFIELD 207 ENFIELD EDINBURG Phone (956) 631-0045 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HIDALGO Facility Information: 922 DIANA DRIVE 922 DIANA DRIVE EDINBURG Phone (956) 381-0026 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HIDALGO	Facility ID:	78539	(956) 631-6156 0 0 0 Reg Svcs: (956) 631-6156 0 0	ICF/IID: 6 CORPUS CHRISTI 61 ICF/IID: 6	SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018	RP ,STE 140 E 77389 FAX: SERVICE TYPE Region 11 - RP ,STE 140 E 77389 FAX: SERVICE TYPE Region 11 -	(210) 255-4500 PRIVATELY OWNED CORPUS CHRISTI (210) 255-4500 PRIVATELY OWNED
Facility Information: 207 ENFIELD 207 ENFIELD EDINBURG Phone (956) 631-0045 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HIDALGO Facility Information: 922 DIANA DRIVE 922 DIANA DRIVE EDINBURG Phone (956) 381-0026 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HIDALGO Facility Information: 32ND STREET NORTH GROU 5313 N 32ND ST	Facility ID: TX Facility ID: P HOME	78539	(956) 631-6156 0 0 0 Reg Svcs: (956) 631-6156 0 0	ICF/IID: 6 CORPUS CHRISTI 61 ICF/IID: 6	SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information	RP ,STE 140 E 77389 FAX: SERVICE TYPE Region 11 - RP ,STE 140 E 77389 FAX: SERVICE TYPE Region 11 -	(210) 255-4500 PRIVATELY OWNED CORPUS CHRISTI (210) 255-4500 PRIVATELY OWNED
Facility Information: 207 ENFIELD 207 ENFIELD EDINBURG Phone (956) 631-0045 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HIDALGO Facility Information: 922 DIANA DRIVE 922 DIANA DRIVE EDINBURG Phone (956) 381-0026 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HIDALGO Facility Information: 32ND STREET NORTH GROU 5313 N 32ND ST MCALLEN	Facility ID:	78539	(956) 631-6156 0 0 0 Reg Svcs: (956) 631-6156 0 0	ICF/IID: 6 CORPUS CHRISTI 61 ICF/IID: 6	SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information SOUTH TEXAS COMMUNITY LIVING CO	RP ,STE 140 E 77389 FAX: SERVICE TYPE Region 11 - RP ,STE 140 E 77389 FAX: SERVICE TYPE Region 11 -	(210) 255-4500 PRIVATELY OWNED CORPUS CHRISTI (210) 255-4500 PRIVATELY OWNED
Facility Information: 207 ENFIELD 207 ENFIELD 207 ENFIELD EDINBURG Phone (956) 631-0045 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HIDALGO Facility Information: 922 DIANA DRIVE 922 DIANA DRIVE EDINBURG Phone (956) 381-0026 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HIDALGO Facility Information: 32ND STREET NORTH GROU 5313 N 32ND ST MCALLEN Phone (956) 618-5745	Facility ID: TX Facility ID: P HOME	78539	(956) 631-6156 0 0 0 Reg Svcs: (956) 631-6156 0 0 Reg Svcs:	ICF/IID: 6 CORPUS CHRISTI 61 ICF/IID: 6 CORPUS CHRISTI 61	SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR	RP ,STE 140 E 77389	(210) 255-4500 PRIVATELY OWNED CORPUS CHRISTI (210) 255-4500 PRIVATELY OWNED
Facility Information: 207 ENFIELD 207 ENFIELD 207 ENFIELD EDINBURG Phone (956) 631-0045 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HIDALGO Facility Information: 922 DIANA DRIVE 922 DIANA DRIVE 922 DIANA DRIVE EDINBURG Phone (956) 381-0026 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County HIDALGO Facility Information: 32ND STREET NORTH GROU 5313 N 32ND ST MCALLEN Phone (956) 618-5745 TOTAL Lic Capacity: 0	Facility ID: TX Facility ID: P HOME	78539	(956) 631-6156 0 0 Reg Svcs: (956) 631-6156 0 0 Reg Svcs:	ICF/IID: 6 CORPUS CHRISTI 61 ICF/IID: 6	SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX Owner Information SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX	RP ,STE 140 E ,77389	(210) 255-4500 PRIVATELY OWNED CORPUS CHRISTI (210) 255-4500 PRIVATELY OWNED CORPUS CHRISTI
Facility Information: 207 ENFIELD 207 ENFIELD 207 ENFIELD EDINBURG Phone (956) 631-0045 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HIDALGO Facility Information: 922 DIANA DRIVE 922 DIANA DRIVE EDINBURG Phone (956) 381-0026 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HIDALGO Facility Information: 32ND STREET NORTH GROU 5313 N 32ND ST MCALLEN Phone (956) 618-5745	Facility ID: TX Facility ID: P HOME	78539	(956) 631-6156 0 0 Reg Svcs: (956) 631-6156 0 0 Reg Svcs:	ICF/IID: 6 CORPUS CHRISTI 61 ICF/IID: 6 CORPUS CHRISTI 61	SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information SOUTH TEXAS COMMUNITY LIVING CO 18 AUGUSTA PINES DR SPRING TX PHONE: (281) 351-1758	RP ,STE 140 E ,77389	(210) 255-4500 PRIVATELY OWNED CORPUS CHRISTI (210) 255-4500 PRIVATELY OWNED CORPUS CHRISTI

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County HIDALGO			Reg Svcs:	CORPUS CHRISTI 61		Region 11 - CORPUS CHRISTI
,	Facility ID:	007525	1.09 0103.	3314 33 311401101	Owner Information	
6000 NORTH 26TH STREET	,	*****			SOUTH TEXAS COMMUNITY LIVING CO	ORP
6000 N 26TH ST					18 AUGUSTA PINES DR	,STE 140 E
MCALLEN	TX	78504			SPRING TX	77389
Phone (956) 631-3070		Fax	(956) 631-6156		PHONE : (281) 351-1758	FAX : (210) 255-4500
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	(, , , , , , , , , , , , , , , , , , ,	(),
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 03/01/2018	
County HIDALGO			Reg Svcs:	CORPUS CHRISTI 61		Region 11 - CORPUS CHRISTI
Facility Information: F	acility ID:	007507			Owner Information	
BRIARWOOD HOME					SOUTH TEXAS COMMUNITY LIVING CO	DRP
2406 BRIARWOOD MISSION	TX	78574			18 AUGUSTA PINES DR	,STE 140 E
Phone (956) 585-7192	17	Fax	(956) 631-6156		SPRING TX	77389
,			,	IOE/IID O	PHONE : (281) 351-1758	FAX: (210) 255-4500
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:				
PRIVATE Beds: 0		TITLE 18/19:	U		License Exp Dt: 03/01/2018	
County HOCKLEY			Reg Svcs:	HIGH PLAINS ICF/MR	1	Region 01 - LUBBOCK
Facility Information:	acility ID:	007455			Owner Information	
SUNRISE GROUP HOME					EDUCARE COMMUNITY LIVING CORPO	DRATION - TEXAS
308 W 7TH STREET SUNDOWN	TX	79372			9901 LINN STATION RD	
Phone (806) 229-2153	17	Fax	(806) 894-9605		LOUISVILLE KY	40223
, ,			` '	IOF/IID. C	PHONE : (502) 394-2100	FAX : (502) 394-2285
TOTAL Lic Capacity: 0		TITLE 18: TITLE19:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0					Li F Dt. 00/04/0047	
PRIVATE Beds: 0		TITLE 18/19:	U		License Exp Dt: 08/01/2017	
County HOOD			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information: F	Facility ID:	003779			Owner Information	
GRANBURY HOUSE					SOUTHERN CONCEPTS INC	
826 N. THORP SPRINGS ROAD GRANBURY	TX	76049			PO BOX 758	
Phone (817) 573-1559		Fax	(817) 579-6611		GRANBURY TX	76048
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 8	PHONE: (817) 573-6922	FAX: (817) 579-6611
Cert Alzh Capacity: 0		TITLE 19:		IOI MID.	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 04/01/2018	
					2.00.100 EAP 21.	
County HOOD			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
	Facility ID:	007382			Owner Information	
6TH AND MESQUITE 407 E SIXTH ST					SOUTHERN CONCEPTS INC	
TOLAR	TX	76476			PO BOX 758	700.40
		Fax	(817) 579-6611		GRANBURY TX	76048
Phone (254) 835-4977					DUONE: (047) 570 0000	
(- ,		TITLE 18:	0	ICF/IID: 6	PHONE : (817) 573-6922	FAX : (817) 579-6611
TOTAL Lic Capacity: 0				ICF/IID: 6	PROGRAM TYPE: ICF/IID	FAX: (817) 579-6611 SERVICE TYPE PRIVATELY OWNED
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0		TITLE 18: TITLE19:	0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	,
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0		TITLE 18:	0		,	SERVICE TYPE PRIVATELY OWNED
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0		TITLE 18: TITLE19: TITLE 18/19:	0	ICF/IID: 6	PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018	,
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HOWARD acility Information:	Facility ID:	TITLE 18: TITLE19:	0		PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information	SERVICE TYPE PRIVATELY OWNED
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HOWARD Cacility Information: F COMANCHE FLATS	Facility ID:	TITLE 18: TITLE19: TITLE 18/19:	0		PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information D & S RESIDENTIAL SERVICES LP	SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HOWARD Facility Information: F COMANCHE FLATS 1315 BAYLOR	Facility ID:	TITLE 18: TITLE19: TITLE 18/19:	0		PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY	SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE ,BLDG 1 STE 1300
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HOWARD Facility Information: F COMANCHE FLATS 1315 BAYLOR		TITLE 18: TITLE19: TITLE 18/19: 003792	0		PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information D & S RESIDENTIAL SERVICES LP	SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HOWARD facility Information: F COMANCHE FLATS 1315 BAYLOR BIG SPRING Phone (432) 263-1408		TITLE 18: TITLE19: TITLE 18/19: 003792 79720 Fax	0 0 Reg Svcs: (512) 327-5355	ICF/IID	PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY	SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE ,BLDG 1 STE 1300
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HOWARD Facility Information: F COMANCHE FLATS 1315 BAYLOR BIG SPRING		TITLE 18: TITLE19: TITLE 18/19: 003792	0 0 Reg Svcs: (512) 327-5355		PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX	Region 09 - ABILENE ,BLDG 1 STE 1300 78759

Wednesday, January 04, 2017 Page 73 of 138

County HIINT			Pog Syes:	IID TEAM		Pagina 02 APLINCTON
County HUNT Facility Information:	Facility ID:	003937	Reg Svcs:	IID TEAW	Owner Information	Region 03 - ARLINGTON
BONNIE LEA GROUP HOME	r domity ib.	000001			LAKES REGIONAL MHMR CENTER	
3408 BONNIE LEA					PO BOX 747	
GREENVILLE	TX	75402			TERRELL TX	75160
Phone (903) 455-4476		Fax			PHONE : (972) 388-2000	FAX:
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	(- /	
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt:	
County HUNT			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	003669			Owner Information	
GARBER HOUSE					COMMUNITY ACCESS INC	
3506 GARBER CIR GREENVILLE	TX	75402			2040 SHILOH RD	
Phone (903) 454-3387		Fax	(903) 450-4201		TYLER TX	75703
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (903) 579-8527	FAX: (903) 526-0881
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 04/01/2017	
			D-: 0	IID TEAM	•	Decise 02 APLINCTON
County HUNT	Facility ID:	007205	Reg Svcs:	IID TEAM	Owner Information	Region 03 - ARLINGTON
Facility Information: PATTI J HOUSE	i acinty ID:	001200			COMMUNITY ACCESS INC	
100 PATTI J					2040 SHILOH RD	
GREENVILLE	TX	75402			TYLER TX	75703
Phone (903) 454-2568		Fax	(903) 450-4201		PHONE : (903) 579-8527	FAX : (903) 526-0881
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	(****)	,
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 04/01/2017	
PRIVATE Beds: 0 County HUNT		TITLE 18/19:	0 Reg Svcs:	IID TEAM	License Exp Dt: 04/01/2017	Region 03 - ARLINGTON
-	Facility ID:	007549		IID TEAM	License Exp Dt: 04/01/2017 Owner Information	Region 03 - ARLINGTON
County HUNT Facility Information: SAYLE STREET GROUP HON	•			IID TEAM		Region 03 - ARLINGTON
County HUNT Facility Information:	•			IID TEAM	Owner Information LAKES REGIONAL MHMR CENTER PO BOX 747	v
County HUNT Facility Information: SAYLE STREET GROUP HON 6518 SAYLE ST	МЕ	007549		IID TEAM	Owner Information LAKES REGIONAL MHMR CENTER	Region 03 - ARLINGTON 75160
County HUNT Facility Information: SAYLE STREET GROUP HON 6518 SAYLE ST GREENVILLE	МЕ	007549 75402	Reg Svcs:	IID TEAM	Owner Information LAKES REGIONAL MHMR CENTER PO BOX 747	v
County HUNT Facility Information: SAYLE STREET GROUP HON 6518 SAYLE ST GREENVILLE Phone (903) 455-7270	МЕ	007549 75402 Fax	Reg Svcs:		Owner Information LAKES REGIONAL MHMR CENTER PO BOX 747 TERRELL TX	75160
County HUNT Facility Information: SAYLE STREET GROUP HON 6518 SAYLE ST GREENVILLE Phone (903) 455-7270 TOTAL Lic Capacity: 0	МЕ	007549 75402 Fax TITLE 18:	Reg Svcs:		Owner Information LAKES REGIONAL MHMR CENTER PO BOX 747 TERRELL TX PHONE: (972) 388-2000	75160 FAX:
County HUNT Facility Information: SAYLE STREET GROUP HON 6518 SAYLE ST GREENVILLE Phone (903) 455-7270 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	МЕ	007549 75402 Fax TITLE 18: TITLE19:	Reg Svcs: 0 0 0	ICF/IID: 6	Owner Information LAKES REGIONAL MHMR CENTER PO BOX 747 TERRELL TX PHONE: (972) 388-2000 PROGRAM TYPE: ICF/IID	75160 FAX: SERVICE TYPE GOVERNMENT BASED
County HUNT Facility Information: SAYLE STREET GROUP HON 6518 SAYLE ST GREENVILLE Phone (903) 455-7270 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	МЕ	007549 75402 Fax TITLE 18: TITLE19:	Reg Svcs:		Owner Information LAKES REGIONAL MHMR CENTER PO BOX 747 TERRELL TX PHONE: (972) 388-2000 PROGRAM TYPE: ICF/IID	75160 FAX:
County HUNT Facility Information: SAYLE STREET GROUP HON 6518 SAYLE ST GREENVILLE Phone (903) 455-7270 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HUNT	TX Facility ID:	007549 75402 Fax TITLE 18: TITLE19: TITLE 18/19:	Reg Svcs: 0 0 0	ICF/IID: 6	Owner Information LAKES REGIONAL MHMR CENTER PO BOX 747 TERRELL TX PHONE: (972) 388-2000 PROGRAM TYPE: ICF/IID License Exp Dt:	75160 FAX: SERVICE TYPE GOVERNMENT BASED
County HUNT Facility Information: SAYLE STREET GROUP HON 6518 SAYLE ST GREENVILLE Phone (903) 455-7270 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HUNT Facility Information: TANGLEWOOD GROUP HON	TX Facility ID:	007549 75402 Fax TITLE 18: TITLE19: TITLE 18/19:	Reg Svcs: 0 0 0	ICF/IID: 6	Owner Information LAKES REGIONAL MHMR CENTER PO BOX 747 TERRELL TX PHONE: (972) 388-2000 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information	75160 FAX: SERVICE TYPE GOVERNMENT BASED
County HUNT Facility Information: SAYLE STREET GROUP HON 6518 SAYLE ST GREENVILLE Phone (903) 455-7270 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HUNT Facility Information: TANGLEWOOD GROUP HON 1001 TANGLEWOOD GREENVILLE	TX Facility ID:	007549 75402 Fax TITLE 18: TITLE 19: 1007543	Reg Svcs: 0 0 0	ICF/IID: 6	Owner Information LAKES REGIONAL MHMR CENTER PO BOX 747 TERRELL TX PHONE: (972) 388-2000 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information LAKES REGIONAL MHMR CENTER	75160 FAX: SERVICE TYPE GOVERNMENT BASED
County HUNT Facility Information: SAYLE STREET GROUP HON 6518 SAYLE ST GREENVILLE Phone (903) 455-7270 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HUNT Facility Information: TANGLEWOOD GROUP HON 1001 TANGLEWOOD GREENVILLE Phone (903) 455-3987	TX Facility ID:	007549 75402 Fax TITLE 18: TITLE19: TITLE 18/19: 007543 75401 Fax	Reg Svcs: 0 0 0 Reg Svcs:	ICF/IID: 6	Owner Information LAKES REGIONAL MHMR CENTER PO BOX 747 TERRELL TX PHONE: (972) 388-2000 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information LAKES REGIONAL MHMR CENTER PO BOX 747	75160 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON
County HUNT Facility Information: SAYLE STREET GROUP HON 6518 SAYLE ST GREENVILLE Phone (903) 455-7270 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HUNT Facility Information: TANGLEWOOD GROUP HON 1001 TANGLEWOOD GREENVILLE Phone (903) 455-3987 TOTAL Lic Capacity: 0	TX Facility ID:	007549 75402 Fax TITLE 18: TITLE 18/19: 007543 75401 Fax TITLE 18:	Reg Svcs: 0 0 0 Reg Svcs:	ICF/IID: 6	Owner Information LAKES REGIONAL MHMR CENTER PO BOX 747 TERRELL TX PHONE: (972) 388-2000 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information LAKES REGIONAL MHMR CENTER PO BOX 747 TERRELL TX PHONE: (972) 388-2000	75160 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON 75160 FAX:
County HUNT Facility Information: SAYLE STREET GROUP HON 6518 SAYLE ST GREENVILLE Phone (903) 455-7270 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HUNT Facility Information: TANGLEWOOD GROUP HON 1001 TANGLEWOOD GREENVILLE Phone (903) 455-3987 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	007549 75402 Fax TITLE 18: TITLE 19: 007543 75401 Fax TITLE 18: TITLE 18: TITLE 19:	Reg Svcs: 0 0 0 Reg Svcs:	ICF/IID: 6	Owner Information LAKES REGIONAL MHMR CENTER PO BOX 747 TERRELL TX PHONE: (972) 388-2000 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information LAKES REGIONAL MHMR CENTER PO BOX 747 TERRELL TX PHONE: (972) 388-2000 PROGRAM TYPE: ICF/IID	75160 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON
County HUNT Facility Information: SAYLE STREET GROUP HON 6518 SAYLE ST GREENVILLE Phone (903) 455-7270 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HUNT Facility Information: TANGLEWOOD GROUP HON 1001 TANGLEWOOD GREENVILLE Phone (903) 455-3987 TOTAL Lic Capacity: 0	TX Facility ID:	007549 75402 Fax TITLE 18: TITLE 18/19: 007543 75401 Fax TITLE 18:	Reg Svcs: 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	Owner Information LAKES REGIONAL MHMR CENTER PO BOX 747 TERRELL TX PHONE: (972) 388-2000 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information LAKES REGIONAL MHMR CENTER PO BOX 747 TERRELL TX PHONE: (972) 388-2000	75160 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON 75160 FAX:
County HUNT Facility Information: SAYLE STREET GROUP HON 6518 SAYLE ST GREENVILLE Phone (903) 455-7270 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HUNT Facility Information: TANGLEWOOD GROUP HON 1001 TANGLEWOOD GREENVILLE Phone (903) 455-3987 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HUNT	TX Facility ID: IE TX	007549 75402 Fax TITLE 18: TITLE 19: 007543 75401 Fax TITLE 18: TITLE 18: TITLE 18: TITLE 18:	Reg Svcs: 0 0 0 Reg Svcs:	ICF/IID: 6	Owner Information LAKES REGIONAL MHMR CENTER PO BOX 747 TERRELL TX PHONE: (972) 388-2000 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information LAKES REGIONAL MHMR CENTER PO BOX 747 TERRELL TX PHONE: (972) 388-2000 PROGRAM TYPE: ICF/IID License Exp Dt:	75160 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON 75160 FAX:
County HUNT Facility Information: SAYLE STREET GROUP HON 6518 SAYLE ST GREENVILLE Phone (903) 455-7270 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HUNT Facility Information: TANGLEWOOD GROUP HON 1001 TANGLEWOOD GREENVILLE Phone (903) 455-3987 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HUNT Facility Information:	TX Facility ID:	007549 75402 Fax TITLE 18: TITLE 19: 007543 75401 Fax TITLE 18: TITLE 18: TITLE 19:	Reg Svcs: 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	Owner Information LAKES REGIONAL MHMR CENTER PO BOX 747 TERRELL TX PHONE: (972) 388-2000 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information LAKES REGIONAL MHMR CENTER PO BOX 747 TERRELL TX PHONE: (972) 388-2000 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information	75160 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON 75160 FAX: SERVICE TYPE GOVERNMENT BASED
County HUNT Facility Information: SAYLE STREET GROUP HON 6518 SAYLE ST GREENVILLE Phone (903) 455-7270 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HUNT Facility Information: TANGLEWOOD GROUP HON 1001 TANGLEWOOD GROUP HON 1001 TANGLEWOOD GREENVILLE Phone (903) 455-3987 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HUNT Facility Information: TERRY PLACE	TX Facility ID: IE TX	007549 75402 Fax TITLE 18: TITLE 19: 007543 75401 Fax TITLE 18: TITLE 18: TITLE 18: TITLE 18:	Reg Svcs: 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	Owner Information LAKES REGIONAL MHMR CENTER PO BOX 747 TERRELL TX PHONE: (972) 388-2000 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information LAKES REGIONAL MHMR CENTER PO BOX 747 TERRELL TX PHONE: (972) 388-2000 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information COMMUNITY ACCESS INC	75160 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON 75160 FAX: SERVICE TYPE GOVERNMENT BASED
County HUNT Facility Information: SAYLE STREET GROUP HON 6518 SAYLE ST GREENVILLE Phone (903) 455-7270 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HUNT Facility Information: TANGLEWOOD GROUP HON 1001 TANGLEWOOD GREENVILLE Phone (903) 455-3987 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HUNT Facility Information:	TX Facility ID: IE TX	007549 75402 Fax TITLE 18: TITLE 19: 007543 75401 Fax TITLE 18: TITLE 18: TITLE 18: TITLE 18:	Reg Svcs: 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	Owner Information LAKES REGIONAL MHMR CENTER PO BOX 747 TERRELL TX PHONE: (972) 388-2000 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information LAKES REGIONAL MHMR CENTER PO BOX 747 TERRELL TX PHONE: (972) 388-2000 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information COMMUNITY ACCESS INC 2040 SHILOH RD	75160 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON 75160 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON
County HUNT Facility Information: SAYLE STREET GROUP HON 6518 SAYLE ST GREENVILLE Phone (903) 455-7270 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HUNT Facility Information: TANGLEWOOD GROUP HON 1001 TANGLEWOOD GROUP HON 1001 TANGLEWOOD GREENVILLE Phone (903) 455-3987 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HUNT Facility Information: TERRY PLACE 2500 TERRY PL	Facility ID: TX Facility ID:	007549 75402 Fax TITLE 18: TITLE 19: 107543 75401 Fax TITLE 18: TITLE 18: TITLE 18: TITLE 19: 11TLE 18/19:	Reg Svcs: 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	Owner Information LAKES REGIONAL MHMR CENTER PO BOX 747 TERRELL TX PHONE: (972) 388-2000 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information LAKES REGIONAL MHMR CENTER PO BOX 747 TERRELL TX PHONE: (972) 388-2000 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX	75160 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON 75160 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON
County HUNT Facility Information: SAYLE STREET GROUP HON 6518 SAYLE ST GREENVILLE Phone (903) 455-7270 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HUNT Facility Information: TANGLEWOOD GROUP HON 1001 TANGLEWOOD GROUP HON 1001 TANGLEWOOD GREENVILLE Phone (903) 455-3987 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HUNT Facility Information: TERRY PLACE 2500 TERRY PL GREENVILLE	Facility ID: TX Facility ID:	007549 75402 Fax TITLE 18: TITLE 19: TITLE 18/19: 007543 75401 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19: 007282	Reg Svcs: 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	Owner Information LAKES REGIONAL MHMR CENTER PO BOX 747 TERRELL TX PHONE: (972) 388-2000 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information LAKES REGIONAL MHMR CENTER PO BOX 747 TERRELL TX PHONE: (972) 388-2000 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX PHONE: (903) 579-8527	75160 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON 75160 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON 75703 FAX: (903) 526-0881
County HUNT Facility Information: SAYLE STREET GROUP HON 6518 SAYLE ST GREENVILLE Phone (903) 455-7270 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HUNT Facility Information: TANGLEWOOD GROUP HON 1001 TANGLEWOOD GREENVILLE Phone (903) 455-3987 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County HUNT Facility Information: TERRY PLACE 2500 TERRY PL GREENVILLE Phone (903) 455-4472	Facility ID: TX Facility ID:	007549 75402 Fax TITLE 18: TITLE 19: TITLE 18/19: 007543 75401 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19: 007282 75402 Fax	Reg Svcs: 0 0 0 Reg Svcs: 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	Owner Information LAKES REGIONAL MHMR CENTER PO BOX 747 TERRELL TX PHONE: (972) 388-2000 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information LAKES REGIONAL MHMR CENTER PO BOX 747 TERRELL TX PHONE: (972) 388-2000 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX	75160 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON 75160 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON

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County HUNT			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	007460	. tog 0 100.		Owner Information	region 33 yaranta an
TURTLE CREEK FAMILY LIVIN	IG				LAKES REGIONAL MHMR CENTER	
505 ERMINE GREENVILLE	TX	75401			PO BOX 747	
Phone (903) 455-3987	17	Fax			TERRELL TX	75160
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (972) 388-2000	FAX:
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt:	
County JASPER			Reg Svcs:	REGION 5 ICF/IID		Region 05 - BEAUMONT
Facility Information:	Facility ID:	007643			Owner Information	
WEST BAY HOUSE					THE BURKE CENTER	
46 WEST BAY JASPER	TX	75951			1111	
Phone (409) 384-2832		Fax			TX	
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE:	FAX:
Cert Alzh Capacity: 0		TITLE19:		· · · · · · ·	PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt:	
County JASPER			Reg Svcs:	REGION 5 ICF/IID		Region 05 - BEAUMONT
Facility Information:	Facility ID:	003906	. tog 0100.		Owner Information	
KIRBYVILLE GROUP HOME	•				THE BURKE CENTER	
703 W MARTIN LUTHER KING		75050			4101 SOUTH MEDFORD DR	
KIRBYVILLE Phone (409) 787-4132	TX	75956 Fax			LUFKIN TX	75901
, ,		TITLE 18:	٥	ICF/IID: 6	PHONE:	FAX:
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0		TITLE 10.		ICF/IID. 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt:	
County JEFFERSON			Reg Svcs:	REGION 5 ICF/IID	<u> </u>	Region 05 - BEAUMONT
Facility Information:	Facility ID:	007457	1109 0100.	NESIGITO IOI /IIB	Owner Information	region to benefit
•						
ADA LIVING CENTER	, ,	007 107				GEMENT SERVICES OF BEAUMONT, LLC
5010 ADA	·					GEMENT SERVICES OF BEAUMONT, LLC
5010 ADA BEAUMONT	тх	77706	(409) 832-8044		DEVELOPMENTAL DISABILITIES MANA	GEMENT SERVICES OF BEAUMONT, LLC
5010 ADA BEAUMONT Phone (409) 832-4112	,	77706 Fax	(409) 832-8044	ICE/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD	
5010 ADA BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0	,	77706	0	ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX	77017
5010 ADA BEAUMONT Phone (409) 832-4112	,	77706 Fax TITLE 18:	0	ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228	77017 FAX: (713) 472-2212
5010 ADA BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	,	77706 Fax TITLE 18: TITLE19:	0 0 0		DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID	77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED
5010 ADA BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	,	77706 Fax TITLE 18: TITLE19:	0	ICF/IID: 6 REGION 5 ICF/IID	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID	77017 FAX: (713) 472-2212
5010 ADA BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON	TX Facility ID:	77706 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0		DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT
5010 ADA BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: BUCKINGHAM GROUP HOME 3550 AUSTIN ST	TX Facility ID:	77706 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0		DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information	77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT
5010 ADA BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: BUCKINGHAM GROUP HOME 3550 AUSTIN ST BEAUMONT	TX Facility ID:	77706 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0		DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORATION	77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT
5010 ADA BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: BUCKINGHAM GROUP HOME 3550 AUSTIN ST BEAUMONT Phone (409) 892-6455	TX Facility ID:	77706	0 0 0 Reg Svcs:	REGION 5 ICF/IID	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD	77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT DRATION - TEXAS
5010 ADA BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: BUCKINGHAM GROUP HOME 3550 AUSTIN ST BEAUMONT	TX Facility ID:	77706	0 0 0 Reg Svcs:		DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY	77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT DRATION - TEXAS 40223
5010 ADA BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: BUCKINGHAM GROUP HOME 3550 AUSTIN ST BEAUMONT Phone (409) 892-6455 TOTAL Lic Capacity: 0	TX Facility ID:	77706	0 0 0 Reg Svcs:	REGION 5 ICF/IID	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100	77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT DRATION - TEXAS 40223 FAX: (502) 394-2285
5010 ADA BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: BUCKINGHAM GROUP HOME 3550 AUSTIN ST BEAUMONT Phone (409) 892-6455 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	77706	0 0 0 Reg Svcs:	REGION 5 ICF/IID	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT DRATION - TEXAS 40223 FAX: (502) 394-2285
5010 ADA BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: BUCKINGHAM GROUP HOME 3550 AUSTIN ST BEAUMONT Phone (409) 892-6455 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	77706	0 0 0 Reg Svcs:	REGION 5 ICF/IID ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	T7017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: BUCKINGHAM GROUP HOME 3550 AUSTIN ST BEAUMONT Phone (409) 892-6455 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: CAMBRIDGE GROUP HOME	TX Facility ID:	77706	0 0 0 Reg Svcs:	REGION 5 ICF/IID ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 12/17/2017	FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT
5010 ADA BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: BUCKINGHAM GROUP HOME 3550 AUSTIN ST BEAUMONT Phone (409) 892-6455 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: CAMBRIDGE GROUP HOME 5155 CAMBRIDGE	TX Facility ID: TX Facility ID:	77706	0 0 0 Reg Svcs:	REGION 5 ICF/IID ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 12/17/2017	FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT
BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: BUCKINGHAM GROUP HOME 3550 AUSTIN ST BEAUMONT Phone (409) 892-6455 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: CAMBRIDGE GROUP HOME	TX Facility ID:	77706	0 0 0 Reg Svcs:	REGION 5 ICF/IID ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 12/17/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO PROGRAM TYPE: ICF/IID	FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT
BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: BUCKINGHAM GROUP HOME 3550 AUSTIN ST BEAUMONT Phone (409) 892-6455 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: CAMBRIDGE GROUP HOME 5155 CAMBRIDGE BEAUMONT Phone (409) 838-4231	TX Facility ID: TX Facility ID:	77706	0 0 0 Reg Svcs:	REGION 5 ICF/IID ICF/IID: 6 REGION 5 ICF/IID	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 12/17/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD	FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT DRATION - TEXAS
BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: BUCKINGHAM GROUP HOME 3550 AUSTIN ST BEAUMONT Phone (409) 892-6455 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: CAMBRIDGE GROUP HOME 5155 CAMBRIDGE BEAUMONT	TX Facility ID: TX Facility ID:	77706	0	REGION 5 ICF/IID ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 12/17/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY HONE: KY LOUISVILLE KY HONE: KY Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY	FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT DRATION - TEXAS 40223

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County JEFFERSON			Reg Svcs:	REGION 5 ICF/IID		Region 05 - BEAUMONT
Facility Information:	Facility ID:	003673			Owner Information	
CARNATION LIVING CENTER					DEVELOPMENTAL DISABILITIES MANA	GEMENT SERVICES OF BEAUMONT, LLC
6270 CARNATION BEAUMONT	TX	77703			4115 GALVESTON ROAD	
Phone (409) 832-4112		Fax	(409) 832-8044		HOUSTON TX	77017
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (713) 475-2228	FAX : (713) 472-2212
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2017	
County JEFFERSON			Reg Svcs:	REGION 5 ICF/IID		Region 05 - BEAUMONT
Facility Information:	Facility ID:	007528			Owner Information	
CENTRAL HOUSE					ST GILES - BAYTOWN INC	
4655 HOLST ST BEAUMONT	TX	77708			2203 KILGORE ROAD	
Phone (409) 833-4550		Fax	(409) 833-0229		BAYTOWN TX	77520
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (281) 837-1942	FAX : (281) 427-0586
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 09/01/2017	
County JEFFERSON			Reg Svcs:	REGION 5 ICF/IID		Region 05 - BEAUMONT
Facility Information:	Facility ID:	003672	· ·		Owner Information	· ·
CHERYL LIVING CENTER					DEVELOPMENTAL DISABILITIES MANA	GEMENT SERVICES OF BEAUMONT, LLC
3895 CHERYL DRIVE BEAUMONT	TX	77706			4115 GALVESTON ROAD	
Phone (409) 832-4112	17	Fax	(409) 832-8044		HOUSTON TX	77017
TOTAL Lic Capacity: 0		TITLE 18:	, ,	ICF/IID: 6	PHONE : (713) 475-2228	FAX : (713) 472-2212
Cert Alzh Capacity: 0		TITLE 10:		ICI /IID. 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 01/01/2017	
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County IEEEEDSON			Dog Cyes:	DECION & ICE/IID		Posion OF REALIMONT
County JEFFERSON Facility Information:	Facility ID:	003754	Reg Svcs:	REGION 5 ICF/IID	Owner Information	Region 05 - BEAUMONT
County JEFFERSON Facility Information: COLE ROAD HOUSE	Facility ID:	003754	Reg Svcs:	REGION 5 ICF/IID	Owner Information ST GILES - BAYTOWN INC	Region 05 - BEAUMONT
Facility Information: COLE ROAD HOUSE 5820 COLE RD	·		Reg Svcs:	REGION 5 ICF/IID		Region 05 - BEAUMONT
Facility Information: COLE ROAD HOUSE 5820 COLE RD BEAUMONT	Facility ID:	77706		REGION 5 ICF/IID	ST GILES - BAYTOWN INC	Region 05 - BEAUMONT 77520
Facility Information: COLE ROAD HOUSE 5820 COLE RD BEAUMONT Phone (409) 896-2345	·	77706 Fax	(409) 835-0229		ST GILES - BAYTOWN INC 2203 KILGORE ROAD	·
Facility Information: COLE ROAD HOUSE 5820 COLE RD BEAUMONT Phone (409) 896-2345 TOTAL Lic Capacity: 0	·	77706 Fax TITLE 18:	(409) 835-0229 0	REGION 5 ICF/IID ICF/IID: 13	ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942	77520 FAX: (281) 427-0586
Facility Information: COLE ROAD HOUSE 5820 COLE RD BEAUMONT Phone (409) 896-2345 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	77706 Fax TITLE 18: TITLE19:	(409) 835-0229 0 0		ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID	77520 FAX: (281) 427-0586
Facility Information: COLE ROAD HOUSE 5820 COLE RD BEAUMONT Phone (409) 896-2345 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	77706 Fax TITLE 18:	(409) 835-0229 0 0	ICF/IID: 13	ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942	77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED
Facility Information: COLE ROAD HOUSE 5820 COLE RD BEAUMONT Phone (409) 896-2345 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON	тх	77706 Fax TITLE 18: TITLE19: TITLE 18/19:	(409) 835-0229 0 0		ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017	77520 FAX: (281) 427-0586
Facility Information: COLE ROAD HOUSE 5820 COLE RD BEAUMONT Phone (409) 896-2345 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information:	·	77706 Fax TITLE 18: TITLE19:	(409) 835-0229 0 0	ICF/IID: 13	ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information	77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED
Facility Information: COLE ROAD HOUSE 5820 COLE RD BEAUMONT Phone (409) 896-2345 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON	тх	77706 Fax TITLE 18: TITLE19: TITLE 18/19:	(409) 835-0229 0 0	ICF/IID: 13	ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information ST GILES - BAYTOWN INC	77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED
Facility Information: COLE ROAD HOUSE 5820 COLE RD BEAUMONT Phone (409) 896-2345 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: HORIZON HOUSE 4176 TREADWAY BEAUMONT	тх	77706	(409) 835-0229 0 0 0 Reg Svcs:	ICF/IID: 13	ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information	77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED
Facility Information: COLE ROAD HOUSE 5820 COLE RD BEAUMONT Phone (409) 896-2345 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: HORIZON HOUSE 4176 TREADWAY	TX Facility ID:	77706 Fax TITLE 18: TITLE19: TITLE 18/19:	(409) 835-0229 0 0	ICF/IID: 13	ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX	77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT
Facility Information: COLE ROAD HOUSE 5820 COLE RD BEAUMONT Phone (409) 896-2345 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: HORIZON HOUSE 4176 TREADWAY BEAUMONT Phone (409) 833-4550 TOTAL Lic Capacity: 0	TX Facility ID:	77706	(409) 835-0229 0 0 0 Reg Svcs: (409) 833-0229	ICF/IID: 13	ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942	77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT 77520 FAX: (281) 427-0586
Facility Information: COLE ROAD HOUSE 5820 COLE RD BEAUMONT Phone (409) 896-2345 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: HORIZON HOUSE 4176 TREADWAY BEAUMONT Phone (409) 833-4550 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	77706	(409) 835-0229 0 0 0 Reg Svcs: (409) 833-0229 0	ICF/IID: 13 REGION 5 ICF/IID	### ST GILES - BAYTOWN INC ### 2203 KILGORE ROAD ### BAYTOWN TX ### PHONE: (281) 837-1942 ### PROGRAM TYPE: ICF/IID ### License Exp Dt: 09/01/2017 Owner Information	77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT
Facility Information: COLE ROAD HOUSE 5820 COLE RD BEAUMONT Phone (409) 896-2345 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: HORIZON HOUSE 4176 TREADWAY BEAUMONT Phone (409) 833-4550 TOTAL Lic Capacity: 0	TX Facility ID:	77706	(409) 835-0229 0 0 0 Reg Svcs: (409) 833-0229 0	ICF/IID: 13 REGION 5 ICF/IID	ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942	77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT 77520 FAX: (281) 427-0586
Facility Information: COLE ROAD HOUSE 5820 COLE RD BEAUMONT Phone (409) 896-2345 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: HORIZON HOUSE 4176 TREADWAY BEAUMONT Phone (409) 833-4550 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON	TX Facility ID:	77706 Fax TITLE 18: TITLE 19: TITLE 18/19: 003791 77706 Fax TITLE 18: TITLE 19: TITLE 18/19:	(409) 835-0229 0 0 0 Reg Svcs: (409) 833-0229 0	ICF/IID: 13 REGION 5 ICF/IID	ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017	77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT 77520 FAX: (281) 427-0586
Facility Information: COLE ROAD HOUSE 5820 COLE RD BEAUMONT Phone (409) 896-2345 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: HORIZON HOUSE 4176 TREADWAY BEAUMONT Phone (409) 833-4550 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information:	TX Facility ID:	77706	(409) 835-0229 0 0 0 Reg Svcs: (409) 833-0229 0 0	ICF/IID: 13 REGION 5 ICF/IID ICF/IID: 8	ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information	77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT 77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT
Facility Information: COLE ROAD HOUSE 5820 COLE RD BEAUMONT Phone (409) 896-2345 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: HORIZON HOUSE 4176 TREADWAY BEAUMONT Phone (409) 833-4550 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: HUNTSMAN LIVING CENTER	TX Facility ID:	77706 Fax TITLE 18: TITLE 19: TITLE 18/19: 003791 77706 Fax TITLE 18: TITLE 19: TITLE 18/19:	(409) 835-0229 0 0 0 Reg Svcs: (409) 833-0229 0 0	ICF/IID: 13 REGION 5 ICF/IID ICF/IID: 8	ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information DEVELOPMENTAL DISABILITIES MANAGE 2003 KILGORE 2003 KILGORE 2004 PROGRAM TYPE: ICF/IID DEVELOPMENTAL DISABILITIES MANAGE 2004 PROGRAM TYPE: ICF/IID	77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT 77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED
Facility Information: COLE ROAD HOUSE 5820 COLE RD BEAUMONT Phone (409) 896-2345 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: HORIZON HOUSE 4176 TREADWAY BEAUMONT Phone (409) 833-4550 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information:	TX Facility ID:	77706 Fax TITLE 18: TITLE 19: TITLE 18/19: 003791 77706 Fax TITLE 18: TITLE 19: TITLE 18/19:	(409) 835-0229 0 0 0 Reg Svcs: (409) 833-0229 0 0	ICF/IID: 13 REGION 5 ICF/IID ICF/IID: 8	ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information DEVELOPMENTAL DISABILITIES MANAGEMENT AND	77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT 77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT GEMENT SERVICES OF BEAUMONT, LLC
Facility Information: COLE ROAD HOUSE 5820 COLE RD BEAUMONT Phone (409) 896-2345 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: HORIZON HOUSE 4176 TREADWAY BEAUMONT Phone (409) 833-4550 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: HUNTSMAN LIVING CENTER 535 CARNAHAN PLACE	TX Facility ID: TX Facility ID:	77706 Fax TITLE 18: TITLE 19: 003791 77706 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	(409) 835-0229 0 0 0 Reg Svcs: (409) 833-0229 0 0	ICF/IID: 13 REGION 5 ICF/IID ICF/IID: 8	ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information DEVELOPMENTAL DISABILITIES MANAGAN AND AND AND AND AND AND AND AND AND A	T7520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT T7520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT GEMENT SERVICES OF BEAUMONT, LLC
Facility Information: COLE ROAD HOUSE 5820 COLE RD BEAUMONT Phone (409) 896-2345 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: HORIZON HOUSE 4176 TREADWAY BEAUMONT Phone (409) 833-4550 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: HUNTSMAN LIVING CENTER 535 CARNAHAN PLACE BEAUMONT	TX Facility ID: TX Facility ID:	77706	(409) 835-0229 0 0 0 Reg Svcs: (409) 833-0229 0 0 0 Reg Svcs:	ICF/IID: 13 REGION 5 ICF/IID ICF/IID: 8	ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information DEVELOPMENTAL DISABILITIES MANAGAN AND AND AND AND AND AND AND AND AND A	77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT 77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT GEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212
Facility Information: COLE ROAD HOUSE 5820 COLE RD BEAUMONT Phone (409) 896-2345 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: HORIZON HOUSE 4176 TREADWAY BEAUMONT Phone (409) 833-4550 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: HUNTSMAN LIVING CENTER 535 CARNAHAN PLACE BEAUMONT Phone (409) 832-4112	TX Facility ID: TX Facility ID:	77706	(409) 835-0229 0 0 0 Reg Svcs: (409) 833-0229 0 0 0 Reg Svcs:	ICF/IID: 13 REGION 5 ICF/IID ICF/IID: 8 REGION 5 ICF/IID	ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information DEVELOPMENTAL DISABILITIES MANAGAN AND AND AND AND AND AND AND AND AND A	T7520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT T7520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT GEMENT SERVICES OF BEAUMONT, LLC

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County JEFFERSON			Reg Svcs:	REGION 5 ICF/IID		Region 05 - BEAUMONT
Facility Information:	Facility ID:	007307	·		Owner Information	•
JERRY LIVING CENTER					DEVELOPMENTAL DISABILITIES MANA	GEMENT SERVICES OF BEAUMONT, LLC
4415 JERRY DRIVE BEAUMONT	TX	77703			4115 GALVESTON ROAD	
Phone (409) 832-4112		Fax	(409) 832-8044		HOUSTON TX	77017
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (713) 475-2228	FAX : (713) 472-2212
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2017	
County JEFFERSON			Reg Svcs:	REGION 5 ICF/IID		Region 05 - BEAUMONT
Facility Information:	Facility ID:	003966			Owner Information	
LANDIS GROUP HOME					EDUCARE COMMUNITY LIVING CORPO	DRATION - TEXAS
9165 LANDIS BEAUMONT	TX	77707			9901 LINN STATION RD	
Phone (409) 860-4337	IX	Fax			LOUISVILLE KY	40223
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (502) 394-2100	FAX : (502) 394-2285
Cert Alzh Capacity: 0		TITLE 19:		IOI MID.	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 03/01/2018	
County IEEEEDEON				DECION 5 IOC/IID	•	Posion OF PEALIMONT
County JEFFERSON Facility Information:	Facility ID:	003674	Reg Svcs:	REGION 5 ICF/IID	Owner Information	Region 05 - BEAUMONT
MCANELLY COMMUNITY HO		000014				GEMENT SERVICES OF BEAUMONT, LLC
5125 MCANELLY					4115 GALVESTON ROAD	
BEAUMONT	TX	77708			HOUSTON TX	77017
Phone (409) 832-4112		Fax	(409) 832-6974		PHONE : (713) 475-2228	FAX : (713) 472-2212
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:				SERVICE THE TRANSFER OFFICE
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2019	
County JEFFERSON			Reg Svcs:	REGION 5 ICF/IID		Region 05 - BEAUMONT
Facility Information:	Facility ID:	007405	Reg Svcs:	REGION 5 ICF/IID	Owner Information	Ü
Facility Information: MEADOWICK LIVING CENTER	•	007405	Reg Svcs:	REGION 5 ICF/IID	DEVELOPMENTAL DISABILITIES MANA	Region 05 - BEAUMONT GEMENT SERVICES OF BEAUMONT, LLC
Facility Information:	•	007405 77706	Reg Svcs:	REGION 5 ICF/IID	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD	GEMENT SERVICES OF BEAUMONT, LLC
Facility Information: MEADOWICK LIVING CENTER 9640 MEADOWICK	₹		Reg Svcs: (409) 832-8044	REGION 5 ICF/IID	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX	GEMENT SERVICES OF BEAUMONT, LLC 77017
Facility Information: MEADOWICK LIVING CENTER 9640 MEADOWICK BEAUMONT	₹	77706	(409) 832-8044	REGION 5 ICF/IID ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228	GEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212
Facility Information: MEADOWICK LIVING CENTER 9640 MEADOWICK BEAUMONT Phone (409) 832-4112	₹	77706 Fax	(409) 832-8044 0		DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX	GEMENT SERVICES OF BEAUMONT, LLC 77017
Facility Information: MEADOWICK LIVING CENTER 9640 MEADOWICK BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0	₹	77706 Fax TITLE 18:	(409) 832-8044 0		DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228	GEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212
Facility Information: MEADOWICK LIVING CENTER 9640 MEADOWICK BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	₹	77706 Fax TITLE 18: TITLE19:	(409) 832-8044 0		DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID	GEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212
Facility Information: MEADOWICK LIVING CENTER 9640 MEADOWICK BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	₹	77706 Fax TITLE 18: TITLE19:	(409) 832-8044 0 0	ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID	GEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED
Facility Information: MEADOWICK LIVING CENTER 9640 MEADOWICK BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: NORTH HOUSE	TX	77706 Fax TITLE 18: TITLE19: TITLE 18/19:	(409) 832-8044 0 0	ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information ST GILES - BAYTOWN INC	GEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED
Facility Information: MEADOWICK LIVING CENTER 9640 MEADOWICK BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information:	TX	77706 Fax TITLE 18: TITLE19: TITLE 18/19:	(409) 832-8044 0 0	ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information ST GILES - BAYTOWN INC 2203 KILGORE ROAD	GEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT
Facility Information: MEADOWICK LIVING CENTER 9640 MEADOWICK BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: NORTH HOUSE 8185 PARK N DR	TX Facility ID:	77706 Fax TITLE 18: TITLE19: TITLE 18/19:	(409) 832-8044 0 0	ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX	GEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT
Facility Information: MEADOWICK LIVING CENTER 9640 MEADOWICK BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: NORTH HOUSE 8185 PARK N DR BEAUMONT	TX Facility ID:	77706	(409) 832-8044 0 0 0 Reg Svcs:	ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information ST GILES - BAYTOWN INC 2203 KILGORE ROAD	GEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT
Facility Information: MEADOWICK LIVING CENTER 9640 MEADOWICK BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: NORTH HOUSE 8185 PARK N DR BEAUMONT Phone (409) 833-4550	TX Facility ID:	77706	(409) 832-8044 0 0 0 Reg Svcs: (409) 833-0229 0	ICF/IID: 6 REGION 5 ICF/IID	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX	GEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT
Facility Information: MEADOWICK LIVING CENTER 9640 MEADOWICK BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: NORTH HOUSE 8185 PARK N DR BEAUMONT Phone (409) 833-4550 TOTAL Lic Capacity: 0	TX Facility ID:	77706	(409) 832-8044 0 0 0 Reg Svcs: (409) 833-0229 0	ICF/IID: 6 REGION 5 ICF/IID	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942	GEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT 77520 FAX: (281) 427-0586
Facility Information: MEADOWICK LIVING CENTER 9640 MEADOWICK BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: NORTH HOUSE 8185 PARK N DR BEAUMONT Phone (409) 833-4550 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	77706	(409) 832-8044 0 0 0 Reg Svcs: (409) 833-0229 0	ICF/IID: 6 REGION 5 ICF/IID	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID	GEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT 77520 FAX: (281) 427-0586
Facility Information: MEADOWICK LIVING CENTER 9640 MEADOWICK BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: NORTH HOUSE 8185 PARK N DR BEAUMONT Phone (409) 833-4550 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	77706	(409) 832-8044 0 0 0 Reg Svcs: (409) 833-0229 0 0	ICF/IID: 6 REGION 5 ICF/IID ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID	GEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT 77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED
Facility Information: MEADOWICK LIVING CENTER 9640 MEADOWICK BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: NORTH HOUSE 8185 PARK N DR BEAUMONT Phone (409) 833-4550 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: NOTTINGHAM LIVING CENTER	TX Facility ID: TX Facility ID:	77706 Fax TITLE 18: TITLE 19: TITLE 18/19: 007326 77708 Fax TITLE 18: TITLE 19: TITLE 18/19:	(409) 832-8044 0 0 0 Reg Svcs: (409) 833-0229 0 0	ICF/IID: 6 REGION 5 ICF/IID ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information	GEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT 77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED
Facility Information: MEADOWICK LIVING CENTER 9640 MEADOWICK BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: NORTH HOUSE 8185 PARK N DR BEAUMONT Phone (409) 833-4550 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: NOTINGHAM LIVING CENTE 5965 NAVAJO TRAIL	Facility ID: TX Facility ID: R	77706 Fax TITLE 18: TITLE 19: TITLE 18/19: 007326 77708 Fax TITLE 18: TITLE 19: TITLE 18/19:	(409) 832-8044 0 0 0 Reg Svcs: (409) 833-0229 0 0	ICF/IID: 6 REGION 5 ICF/IID ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information	GEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT 77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT
Facility Information: MEADOWICK LIVING CENTER 9640 MEADOWICK BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: NORTH HOUSE 8185 PARK N DR BEAUMONT Phone (409) 833-4550 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: NOTTINGHAM LIVING CENTER	TX Facility ID: TX Facility ID:	77706 Fax TITLE 18: TITLE 19: TITLE 18/19: 007326 77708 Fax TITLE 18: TITLE 19: TITLE 18/19:	(409) 832-8044 0 0 0 Reg Svcs: (409) 833-0229 0 0	ICF/IID: 6 REGION 5 ICF/IID ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information DEVELOPMENTAL DISABILITIES MANA	GEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT 77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT
Facility Information: MEADOWICK LIVING CENTER 9640 MEADOWICK BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: NORTH HOUSE 8185 PARK N DR BEAUMONT Phone (409) 833-4550 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: NOTTINGHAM LIVING CENTER 5965 NAVAJO TRAIL BEAUMONT Phone (409) 832-4112	Facility ID: TX Facility ID: R	77706	(409) 832-8044 0 0 0 Reg Svcs: (409) 833-0229 0 0 Reg Svcs:	ICF/IID: 6 REGION 5 ICF/IID ICF/IID: 6 REGION 5 ICF/IID	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD	GEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT 77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT GEMENT SERVICES OF BEAUMONT, LLC
Facility Information: MEADOWICK LIVING CENTER 9640 MEADOWICK BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: NORTH HOUSE 8185 PARK N DR BEAUMONT Phone (409) 833-4550 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: NOTTINGHAM LIVING CENTE 5965 NAVAJO TRAIL BEAUMONT	Facility ID: TX Facility ID: R	77706	(409) 832-8044 0 0 0 Reg Svcs: (409) 833-0229 0 0 0 Reg Svcs:	ICF/IID: 6 REGION 5 ICF/IID ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX	GEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT 77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT GEMENT SERVICES OF BEAUMONT, LLC 77017
Facility Information: MEADOWICK LIVING CENTER 9640 MEADOWICK BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: NORTH HOUSE 8185 PARK N DR BEAUMONT Phone (409) 833-4550 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: NORTH HOUSE 8185 PARK N DR BEAUMONT Phone (409) 833-4550 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: NOTTINGHAM LIVING CENTE 5965 NAVAJO TRAIL BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0	Facility ID: TX Facility ID: R	77706	(409) 832-8044 0 0 0 Reg Svcs: (409) 833-0229 0 0 0 Reg Svcs: (409) 832-8044 0	ICF/IID: 6 REGION 5 ICF/IID ICF/IID: 6 REGION 5 ICF/IID	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information ST GILES - BAYTOWN INC 2203 KILGORE ROAD BAYTOWN TX PHONE: (281) 837-1942 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228	GEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT 77520 FAX: (281) 427-0586 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT GEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212

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County IEEEEDSON			Pog Syes:	DECION & ICE/IID		Pagion 05 REALIMONT
County JEFFERSON Facility Information:	Facility ID:	003692	Reg Svcs:	REGION 5 ICF/IID	Owner Information	Region 05 - BEAUMONT
PINEHAVEN COMMUNITY HO	•	000002				AGEMENT SERVICES OF BEAUMONT, LLC
10980 PINEHAVEN					4115 GALVESTON ROAD	,,
BEAUMONT	TX	77713			HOUSTON TX	77017
Phone (409) 832-4112		Fax	(409) 832-8044		PHONE : (713) 475-2228	FAX : (713) 472-2212
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:	•			SERVICE THE THINKIEL OWNER
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2017	
County JEFFERSON			Reg Svcs:	REGION 5 ICF/IID		Region 05 - BEAUMONT
Facility Information:	Facility ID:	003693			Owner Information	
SAMS WAY LIVING CENTER 1760 SAMS WAY						AGEMENT SERVICES OF BEAUMONT, LLC
BEAUMONT	TX	77706			4115 GALVESTON ROAD	77047
Phone (409) 832-4112		Fax	(409) 832-6974		HOUSTON TX	77017
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (713) 475-2228	FAX : (713) 472-2212
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2019	
County JEFFERSON			Reg Svcs:	REGION 5 ICF/IID		Region 05 - BEAUMONT
Facility Information:	Facility ID:	003967			Owner Information	
SAN DIEGO GROUP HOME	•				EDUCARE COMMUNITY LIVING CORPO	ORATION - TEXAS
7585 SAN DIEGO	TV	77700			9901 LINN STATION RD	
BEAUMONT Phone (409) 892-1784	TX	77708 Fax			LOUISVILLE KY	40223
, ,			0	ICF/IID: 6	PHONE : (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0		TITLE 18: TITLE19:		ICF/IID: 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 02/28/2018	
THIVATE BOUS. 0		111 EE 10/13.	U		EICC113C EXP Dt. 02/20/2010	
County JEFFERSON		200077	Reg Svcs:	REGION 5 ICF/IID		Region 05 - BEAUMONT
Facility Information:	Facility ID:	003677	Reg Svcs:	REGION 5 ICF/IID	Owner Information	·
•	•	003677	Reg Svcs:	REGION 5 ICF/IID	DEVELOPMENTAL DISABILITIES MANA	Region 05 - BEAUMONT AGEMENT SERVICES OF BEAUMONT, LLC
Facility Information: THOUSAND OAKS LIVING CE	•	003677 77706	Reg Svcs:	REGION 5 ICF/IID	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD	AGEMENT SERVICES OF BEAUMONT, LLC
Facility Information: THOUSAND OAKS LIVING CE 8255 SHILOH	ENTER		Reg Svcs: (409) 832-6974	REGION 5 ICF/IID	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX	AGEMENT SERVICES OF BEAUMONT, LLC
Facility Information: THOUSAND OAKS LIVING CE 8255 SHILOH BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0	ENTER	77706	(409) 832-6974	REGION 5 ICF/IID ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228	AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212
Facility Information: THOUSAND OAKS LIVING CE 8255 SHILOH BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	ENTER	77706 Fax	(409) 832-6974 0		DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX	AGEMENT SERVICES OF BEAUMONT, LLC
Facility Information: THOUSAND OAKS LIVING CE 8255 SHILOH BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0	ENTER	77706 Fax TITLE 18:	(409) 832-6974 0		DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228	AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212
Facility Information: THOUSAND OAKS LIVING CE 8255 SHILOH BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	ENTER	77706 Fax TITLE 18: TITLE19:	(409) 832-6974 0		DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID	AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212
Facility Information: THOUSAND OAKS LIVING CE 8255 SHILOH BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	ENTER	77706 Fax TITLE 18: TITLE19:	(409) 832-6974 0 0	ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID	AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED
Facility Information: THOUSAND OAKS LIVING CE 8255 SHILOH BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: GRIFFIN LIVING CENTER	TX	77706 Fax TITLE 18: TITLE19: TITLE 18/19:	(409) 832-6974 0 0	ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information	AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED
Facility Information: THOUSAND OAKS LIVING CE 8255 SHILOH BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information:	TX	77706 Fax TITLE 18: TITLE19: TITLE 18/19:	(409) 832-6974 0 0	ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD	AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT AGEMENT SERVICES OF BEAUMONT, LLC
Facility Information: THOUSAND OAKS LIVING CE 8255 SHILOH BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: GRIFFIN LIVING CENTER 3905 28TH STREET	TX Facility ID:	77706 Fax TITLE 18: TITLE19: TITLE 18/19:	(409) 832-6974 0 0	ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information DEVELOPMENTAL DISABILITIES MANA	AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT
Facility Information: THOUSAND OAKS LIVING CE 8255 SHILOH BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: GRIFFIN LIVING CENTER 3905 28TH STREET PORT ARTHUR	TX Facility ID:	77706	(409) 832-6974 0 0 0 Reg Svcs:	ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD	AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT AGEMENT SERVICES OF BEAUMONT, LLC
Facility Information: THOUSAND OAKS LIVING CE 8255 SHILOH BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: GRIFFIN LIVING CENTER 3905 28TH STREET PORT ARTHUR Phone (409) 832-4112	TX Facility ID:	77706	(409) 832-6974 0 0 0 Reg Svcs: (409) 832-8044	ICF/IID: 6 REGION 5 ICF/IID	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX	AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT AGEMENT SERVICES OF BEAUMONT, LLC 77017
Facility Information: THOUSAND OAKS LIVING CE 8255 SHILOH BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: GRIFFIN LIVING CENTER 3905 28TH STREET PORT ARTHUR Phone (409) 832-4112 TOTAL Lic Capacity: 0	TX Facility ID:	77706	(409) 832-6974 0 0 0 Reg Svcs: (409) 832-8044 0	ICF/IID: 6 REGION 5 ICF/IID	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228	AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212
Facility Information: THOUSAND OAKS LIVING CE 8255 SHILOH BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: GRIFFIN LIVING CENTER 3905 28TH STREET PORT ARTHUR Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	77706	(409) 832-6974 0 0 0 Reg Svcs: (409) 832-8044 0 0	ICF/IID: 6 REGION 5 ICF/IID ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID	AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED
Facility Information: THOUSAND OAKS LIVING CE 8255 SHILOH BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: GRIFFIN LIVING CENTER 3905 28TH STREET PORT ARTHUR Phone (409) 832-4112 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON	TX Facility ID:	77706	(409) 832-6974 0 0 0 Reg Svcs: (409) 832-8044 0	ICF/IID: 6 REGION 5 ICF/IID	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212
Facility Information: THOUSAND OAKS LIVING CE 8255 SHILOH BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: GRIFFIN LIVING CENTER 3905 28TH STREET PORT ARTHUR Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	77706 Fax TITLE 18: TITLE 19: TITLE 18/19: 007567 77642 Fax TITLE 18: TITLE 18: TITLE 19:	(409) 832-6974 0 0 0 Reg Svcs: (409) 832-8044 0 0	ICF/IID: 6 REGION 5 ICF/IID ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED
Facility Information: THOUSAND OAKS LIVING CE 8255 SHILOH BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: GRIFFIN LIVING CENTER 3905 28TH STREET PORT ARTHUR Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: MODEL LIVING CENTER 411 5TH AVE	TX Facility ID: TX Facility ID:	77706 Fax TITLE 18: TITLE 19: TITLE 18/19: 007567 77642 Fax TITLE 18: TITLE 19: TITLE 18/19:	(409) 832-6974 0 0 0 Reg Svcs: (409) 832-8044 0 0	ICF/IID: 6 REGION 5 ICF/IID ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT
Facility Information: THOUSAND OAKS LIVING CE 8255 SHILOH BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: GRIFFIN LIVING CENTER 3905 28TH STREET PORT ARTHUR Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: MODEL LIVING CENTER 411 5TH AVE PORT ARTHUR	TX Facility ID:	77706	(409) 832-6974 0 0 0 Reg Svcs: (409) 832-8044 0 0 Reg Svcs:	ICF/IID: 6 REGION 5 ICF/IID ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT
Facility Information: THOUSAND OAKS LIVING CE 8255 SHILOH BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0	TX Facility ID: TX Facility ID:	77706	(409) 832-6974 0 0 0 Reg Svcs: (409) 832-8044 0 0 0 Reg Svcs:	ICF/IID: 6 REGION 5 ICF/IID ICF/IID: 6 REGION 5 ICF/IID	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD	AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT AGEMENT SERVICES OF BEAUMONT, LLC
Facility Information: THOUSAND OAKS LIVING CE 8255 SHILOH BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: GRIFFIN LIVING CENTER 3905 28TH STREET PORT ARTHUR Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JEFFERSON Facility Information: MODEL LIVING CENTER 411 5TH AVE PORT ARTHUR Phone (409) 832-4112 TOTAL Lic Capacity: 0	TX Facility ID: TX Facility ID:	77706	(409) 832-6974 0 0 0 Reg Svcs: (409) 832-8044 0 0 0 Reg Svcs:	ICF/IID: 6 REGION 5 ICF/IID ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228	AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212
Facility Information: THOUSAND OAKS LIVING CE 8255 SHILOH BEAUMONT Phone (409) 832-4112 TOTAL Lic Capacity: 0	TX Facility ID: TX Facility ID:	77706	(409) 832-6974 0 0 0 Reg Svcs: (409) 832-8044 0 0 0 Reg Svcs:	ICF/IID: 6 REGION 5 ICF/IID ICF/IID: 6 REGION 5 ICF/IID	DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX HOUSTON TX Owner Information DEVELOPMENTAL DISABILITIES MANA 4115 GALVESTON ROAD HOUSTON TX	AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT AGEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 05 - BEAUMONT AGEMENT SERVICES OF BEAUMONT AGEMENT SERVICES OF BEAUMONT AGEMENT SERVICES OF BEAUMONT, LLC 77017

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County JEFFERSON			Reg Svcs:	REGION 5 ICF/IID		Region 05 - BEAUMONT
Facility Information:	Facility ID:	007530	·		Owner Information	-
SHERIDAN LIVING CENTER					DEVELOPMENTAL DISABILITIES MANA	GEMENT SERVICES OF BEAUMONT, LLC
2810 SHERIDAN PORT ARTHUR	TX	77640			4115 GALVESTON ROAD	
Phone (409) 983-3512	17	Fax	(409) 832-6974		HOUSTON TX	77017
TOTAL Lic Capacity: 0		TITLE 18:	` '	ICF/IID: 6	PHONE: (713) 475-2228	FAX: (713) 472-2212
Cert Alzh Capacity: 0		TITLE 19:		IOI/IID. 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 01/01/2019	
0 1 11111111111111111111111111111111111				OODDIIO OUDIOTI OA	<u> </u>	D
County JIM WELLS	Facility ID:	007005	Reg Svcs:	CORPUS CHRISTI 61	Owner Information	Region 11 - CORPUS CHRISTI
Facility Information: GREEN ACRES	racility ID.	007295			ASSISTED HOME CARE INC	
5927 S HWY 281					704 E FIRST ST	
ALICE	TX	78332			ALICE TX	78332
Phone (888) 528-8750		Fax	(361) 771-4311		PHONE : (888) 528-8750	FAX: (361) 881-4311
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	, ,	, ,
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 08/09/2018	
County JIM WELLS			Reg Svcs:	CORPUS CHRISTI 61		Region 11 - CORPUS CHRISTI
Facility Information:	Facility ID:	007309			Owner Information	
REYNOLDS HOME					ASSISTED HOME CARE INC	
601 N REYNOLDS ALICE	TX	78332			704 E FIRST ST	
Phone (361) 668-0126		Fax	(361) 664-7776		ALICE TX	78332
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE: (888) 528-8750	FAX : (361) 881-4311
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 09/04/2017	
-						
County JOHNSON			Reg Syrs:	IID TEAM		Region 03 - ARLINGTON
County JOHNSON Facility Information:	Facility ID:	003929	Reg Svcs:	IID TEAM	Owner Information	Region 03 - ARLINGTON
County JOHNSON Facility Information: OAK HOUSE	Facility ID:	003929	Reg Svcs:	IID TEAM	Owner Information EDUCARE COMMUNITY LIVING CORPO	v
Facility Information: OAK HOUSE 208 ALVARADO OAKS DR	·		Reg Svcs:	IID TEAM		v
Facility Information: OAK HOUSE 208 ALVARADO OAKS DR ALVARADO	Facility ID:	76009	Reg Svcs:	IID TEAM	EDUCARE COMMUNITY LIVING CORPO	v
Facility Information: OAK HOUSE 208 ALVARADO OAKS DR ALVARADO Phone (817) 790-3476	·	76009 Fax	·		EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD	PRATION - TEXAS
Facility Information: OAK HOUSE 208 ALVARADO OAKS DR ALVARADO Phone (817) 790-3476 TOTAL Lic Capacity: 0	·	76009 Fax TITLE 18:	0	IID TEAM ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY	DRATION - TEXAS 40223
Facility Information: OAK HOUSE 208 ALVARADO OAKS DR ALVARADO Phone (817) 790-3476 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	76009 Fax TITLE 18: TITLE19:	0 0		PROGRAM TYPE: ICF/IID	ORATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: OAK HOUSE 208 ALVARADO OAKS DR ALVARADO Phone (817) 790-3476 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	76009 Fax TITLE 18:	0 0 0	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100	PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
Facility Information: OAK HOUSE 208 ALVARADO OAKS DR ALVARADO Phone (817) 790-3476 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON	тх	76009 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0		EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017	ORATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: OAK HOUSE 208 ALVARADO OAKS DR ALVARADO Phone (817) 790-3476 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information:	·	76009 Fax TITLE 18: TITLE19:	0 0 0	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information	PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
Facility Information: OAK HOUSE 208 ALVARADO OAKS DR ALVARADO Phone (817) 790-3476 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON	тх	76009 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information PECAN VALLEY MHMR REGION	PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
Facility Information: OAK HOUSE 208 ALVARADO OAKS DR ALVARADO Phone (817) 790-3476 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: EMERALD POINT	тх	76009 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information PECAN VALLEY MHMR REGION 2101 WEST PEARL ST	PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: OAK HOUSE 208 ALVARADO OAKS DR ALVARADO Phone (817) 790-3476 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: EMERALD POINT 271 DIAMOND LN N	TX Facility ID:	76009 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information PECAN VALLEY MHMR REGION 2101 WEST PEARL ST GRANBURY TX	PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76048
Facility Information: OAK HOUSE 208 ALVARADO OAKS DR ALVARADO Phone (817) 790-3476 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: EMERALD POINT 271 DIAMOND LN N BURLESON	TX Facility ID:	76009 Fax TITLE 18: TITLE19: TITLE 18/19: 003973 76028	0 0 0 Reg Svcs:	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information PECAN VALLEY MHMR REGION 2101 WEST PEARL ST GRANBURY TX PHONE:	PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76048 FAX:
Facility Information: OAK HOUSE 208 ALVARADO OAKS DR ALVARADO Phone (817) 790-3476 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: EMERALD POINT 271 DIAMOND LN N BURLESON Phone (817) 295-3056	TX Facility ID:	76009 Fax TITLE 18: TITLE 19: TITLE 18/19: 003973 76028 Fax	0 0 0 Reg Svcs: (817) 641-3619	ICF/IID: 6 IID TEAM	EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information PECAN VALLEY MHMR REGION 2101 WEST PEARL ST GRANBURY TX	PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76048
Facility Information: OAK HOUSE 208 ALVARADO OAKS DR ALVARADO Phone (817) 790-3476 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: EMERALD POINT 271 DIAMOND LN N BURLESON Phone (817) 295-3056 TOTAL Lic Capacity: 0	TX Facility ID:	76009 Fax TITLE 18: TITLE 19: TITLE 18/19: 003973 76028 Fax TITLE 18:	0 0 0 Reg Svcs: (817) 641-3619 0	ICF/IID: 6 IID TEAM	EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information PECAN VALLEY MHMR REGION 2101 WEST PEARL ST GRANBURY TX PHONE:	PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76048 FAX:
Facility Information: OAK HOUSE 208 ALVARADO OAKS DR ALVARADO Phone (817) 790-3476 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: EMERALD POINT 271 DIAMOND LN N BURLESON Phone (817) 295-3056 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	76009 Fax TITLE 18: TITLE 19: 003973 76028 Fax TITLE 18: TITLE 19:	0 0 0 Reg Svcs: (817) 641-3619 0	ICF/IID: 6 IID TEAM	EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information PECAN VALLEY MHMR REGION 2101 WEST PEARL ST GRANBURY TX PHONE: PROGRAM TYPE: ICF/IID	PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76048 FAX:
Facility Information: OAK HOUSE 208 ALVARADO OAKS DR ALVARADO Phone (817) 790-3476 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: EMERALD POINT 271 DIAMOND LN N BURLESON Phone (817) 295-3056 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	76009 Fax TITLE 18: TITLE 19: 003973 76028 Fax TITLE 18: TITLE 19:	0 0 0 Reg Svcs: (817) 641-3619 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information PECAN VALLEY MHMR REGION 2101 WEST PEARL ST GRANBURY TX PHONE: PROGRAM TYPE: ICF/IID	PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76048 FAX: SERVICE TYPE GOVERNMENT BASED
Facility Information: OAK HOUSE 208 ALVARADO OAKS DR ALVARADO Phone (817) 790-3476 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: EMERALD POINT 271 DIAMOND LN N BURLESON Phone (817) 295-3056 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: TURKEY PEAK	TX Facility ID:	76009 Fax TITLE 18: TITLE19: TITLE 18/19: 003973 76028 Fax TITLE 18: TITLE 19: TITLE 18/19:	0 0 0 Reg Svcs: (817) 641-3619 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information PECAN VALLEY MHMR REGION 2101 WEST PEARL ST GRANBURY TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt:	PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76048 FAX: SERVICE TYPE GOVERNMENT BASED
Facility Information: OAK HOUSE 208 ALVARADO OAKS DR ALVARADO Phone (817) 790-3476 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: EMERALD POINT 271 DIAMOND LN N BURLESON Phone (817) 295-3056 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: TURKEY PEAK 908 BROWNCREST	TX Facility ID: TX Facility ID:	76009 Fax TITLE 18: TITLE 19: TITLE 18/19: 003973 76028 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	0 0 0 Reg Svcs: (817) 641-3619 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information PECAN VALLEY MHMR REGION 2101 WEST PEARL ST GRANBURY TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information	PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76048 FAX: SERVICE TYPE GOVERNMENT BASED
Facility Information: OAK HOUSE 208 ALVARADO OAKS DR ALVARADO Phone (817) 790-3476 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: EMERALD POINT 271 DIAMOND LN N BURLESON Phone (817) 295-3056 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: TURKEY PEAK 908 BROWNCREST BURLESON	TX Facility ID:	76009 Fax TITLE 18: TITLE 19: TITLE 18/19: 003973 76028 Fax TITLE 18: TITLE 19: TITLE 18/19: 003961 76028	0 0 0 Reg Svcs: (817) 641-3619 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	PECAN VALLEY MHMR REGION Owner Information PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information PECAN VALLEY MHMR REGION 2101 WEST PEARL ST GRANBURY TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: 00/01/2017	PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76048 FAX: SERVICE TYPE GOVERNMENT BASED
Facility Information: OAK HOUSE 208 ALVARADO OAKS DR ALVARADO Phone (817) 790-3476 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: EMERALD POINT 271 DIAMOND LN N BURLESON Phone (817) 295-3056 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: TURKEY PEAK 908 BROWNCREST BURLESON Phone (817) 447-9104	TX Facility ID: TX Facility ID:	76009 Fax TITLE 18: TITLE 19: TITLE 18/19: 003973 76028 Fax TITLE 18: TITLE 18: TITLE 18/19: 003961 76028 Fax	0 0 0 Reg Svcs: (817) 641-3619 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	PECAN VALLEY MHMR REGION PROGRAM TYPE: ICF/IID License Exp Dt: TX PHONE: 10/01/2017	PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76048 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON
Facility Information: OAK HOUSE 208 ALVARADO OAKS DR ALVARADO Phone (817) 790-3476 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: EMERALD POINT 271 DIAMOND LN N BURLESON Phone (817) 295-3056 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: TURKEY PEAK 908 BROWNCREST BURLESON Phone (817) 447-9104 TOTAL Lic Capacity: 0	TX Facility ID: TX Facility ID:	76009 Fax TITLE 18: TITLE 19: 003973 76028 Fax TITLE 18: TITLE 19: TITLE 18/19: 003961 76028 Fax TITLE 18: TITLE 18: TITLE 18: TITLE 18: TITLE 18:	0 0 0 Reg Svcs: (817) 641-3619 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	BDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information PECAN VALLEY MHMR REGION 2101 WEST PEARL ST GRANBURY TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information PECAN VALLEY MHMR REGION 2101 WEST PEARL ST GRANBURY TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information PECAN VALLEY MHMR REGION PO BOX 973 STEPHENVILLE TX	PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76048 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON
Facility Information: OAK HOUSE 208 ALVARADO OAKS DR ALVARADO Phone (817) 790-3476 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: EMERALD POINT 271 DIAMOND LN N BURLESON Phone (817) 295-3056 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: TURKEY PEAK 908 BROWNCREST BURLESON Phone (817) 447-9104	TX Facility ID: TX Facility ID:	76009 Fax TITLE 18: TITLE 19: TITLE 18/19: 003973 76028 Fax TITLE 18: TITLE 18: TITLE 18/19: 003961 76028 Fax	0 0 0 Reg Svcs: (817) 641-3619 0 0 Reg Svcs: (817) 641-3619 0	ICF/IID: 6 IID TEAM ICF/IID: 6	BEDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information PECAN VALLEY MHMR REGION 2101 WEST PEARL ST GRANBURY TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information PECAN VALLEY MHMR REGION 2101 WEST PEARL ST GRANBURY TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information PECAN VALLEY MHMR REGION PO BOX 973 STEPHENVILLE TX PHONE:	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76048 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON

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County JOHNSON			Reg Svcs:	IID TEAM		Region 03 - A	ARLINGTON
Facility Information:	Facility ID:	003822			Owner Information		
COMMUNITY LIVING CONCER	PTS INC				COMMUNITY LIVING CONCEPTS INC		
2764 CO RD 310 CLEBURNE	TX	76031			110 E WALNUT ST		
Phone (817) 774-3615		Fax	(817) 558-9560		KEENE TX	76059	
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (817) 558-9559	FAX:	(817) 558-9560
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/09/2017		
County JOHNSON			Reg Svcs:	IID TEAM		Region 03 - A	ARLINGTON
Facility Information:	Facility ID:	003806			Owner Information		
COMMUNITY LIVING CONCER	PTS INC				COMMUNITY LIVING CONCEPTS INC		
1709 FM 2135 CLEBURNE	TX	76031			110 E WALNUT ST		
Phone (817) 558-9559		Fax	(817) 558-9560		KEENE TX	76059	
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 12	PHONE : (817) 558-9559	FAX:	(817) 558-9560
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/09/2019		
County JOHNSON			Reg Svcs:	IID TEAM		Region 03 - A	ARLINGTON
Facility Information:	Facility ID:	003865			Owner Information		
COMMUNITY LIVING CONCER 201 FEATHERSTON	PTS INC				COMMUNITY LIVING CONCEPTS INC		
CLEBURNE	TX	76031			110 E WALNUT ST	70050	
Phone (817) 774-3613		Fax	(817) 558-9560		KEENE TX	76059	
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 13	PHONE : (817) 558-9559	FAX:	(817) 558-9560
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/09/2017		
County JOHNSON			Reg Svcs:	IID TEAM		Region 03 - A	ARLINGTON
County JOHNSON Facility Information:	Facility ID:	007484	Reg Svcs:	IID TEAM	Owner Information	Region 03 - A	ARLINGTON
Facility Information:	Facility ID:	007484	Reg Svcs:	IID TEAM	ROCK HOUSE SUPPORT SERVICES INC	Region 03 - A	ARLINGTON
Facility Information:	Facility ID:	007484 76033	Reg Svcs:	IID TEAM	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8	Ü	ARLINGTON
Facility Information: FEATHERSTON 402 FEATHERSTON ST	·		Reg Svcs:	IID TEAM	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX	76401	
Facility Information: FEATHERSTON 402 FEATHERSTON ST CLEBURNE	·	76033	(817) 556-3076	IID TEAM ICF/IID: 6	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8	76401 FAX :	(254) 965-8653
Facility Information: FEATHERSTON 402 FEATHERSTON ST CLEBURNE Phone (817) 645-4107	·	76033 Fax	(817) 556-3076 0		ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX	76401 FAX :	
Facility Information: FEATHERSTON 402 FEATHERSTON ST CLEBURNE Phone (817) 645-4107 TOTAL Lic Capacity: 0	·	76033 Fax TITLE 18:	(817) 556-3076 0		ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004	76401 FAX :	(254) 965-8653
Facility Information: FEATHERSTON 402 FEATHERSTON ST CLEBURNE Phone (817) 645-4107 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	76033 Fax TITLE 18: TITLE19:	(817) 556-3076 0		ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID	76401 FAX: SERVICE TYPE	(254) 965-8653
Facility Information: FEATHERSTON 402 FEATHERSTON ST CLEBURNE Phone (817) 645-4107 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	76033 Fax TITLE 18: TITLE19:	(817) 556-3076 0 0	ICF/IID: 6	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID	76401 FAX: SERVICE TYPE	(254) 965-8653 PRIVATELY OWNED
Facility Information: FEATHERSTON 402 FEATHERSTON ST CLEBURNE Phone (817) 645-4107 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: HIGHLAND ESTATES	TX	76033 Fax TITLE 18: TITLE19: TITLE 18/19:	(817) 556-3076 0 0	ICF/IID: 6	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2018 Owner Information PECAN VALLEY MHMR REGION	76401 FAX: SERVICE TYPE	(254) 965-8653 PRIVATELY OWNED
Facility Information: FEATHERSTON 402 FEATHERSTON ST CLEBURNE Phone (817) 645-4107 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information:	TX	76033 Fax TITLE 18: TITLE19: TITLE 18/19:	(817) 556-3076 0 0	ICF/IID: 6	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2018 Owner Information PECAN VALLEY MHMR REGION 2101 WEST PEARL ST	76401 FAX: SERVICE TYPE Region 03 - A	(254) 965-8653 PRIVATELY OWNED
Facility Information: FEATHERSTON 402 FEATHERSTON ST CLEBURNE Phone (817) 645-4107 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: HIGHLAND ESTATES 1018 HIGHLAND ROAD	TX Facility ID:	76033 Fax TITLE 18: TITLE19: TITLE 18/19:	(817) 556-3076 0 0	ICF/IID: 6	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2018 Owner Information PECAN VALLEY MHMR REGION 2101 WEST PEARL ST GRANBURY TX	76401 FAX: SERVICE TYPE Region 03 - 4	(254) 965-8653 PRIVATELY OWNED
Facility Information: FEATHERSTON 402 FEATHERSTON ST CLEBURNE Phone (817) 645-4107 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: HIGHLAND ESTATES 1018 HIGHLAND ROAD CLEBURNE	TX Facility ID:	76033 Fax TITLE 18: TITLE 19: TITLE 18/19: 003969 76031	(817) 556-3076 0 0 0 Reg Svcs:	ICF/IID: 6	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2018 Owner Information PECAN VALLEY MHMR REGION 2101 WEST PEARL ST GRANBURY TX PHONE:	76401 FAX: SERVICE TYPE Region 03 - A 76048 FAX:	(254) 965-8653 PRIVATELY OWNED ARLINGTON
Facility Information: FEATHERSTON 402 FEATHERSTON ST CLEBURNE Phone (817) 645-4107 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: HIGHLAND ESTATES 1018 HIGHLAND ROAD CLEBURNE Phone (817) 556-3720	TX Facility ID:	76033 Fax TITLE 18: TITLE 19: TITLE 18/19: 003969 76031 Fax	(817) 556-3076 0 0 0 Reg Svcs:	ICF/IID: 6	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2018 Owner Information PECAN VALLEY MHMR REGION 2101 WEST PEARL ST GRANBURY TX	76401 FAX: SERVICE TYPE Region 03 - A 76048 FAX:	(254) 965-8653 PRIVATELY OWNED
Facility Information: FEATHERSTON 402 FEATHERSTON ST CLEBURNE Phone (817) 645-4107 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: HIGHLAND ESTATES 1018 HIGHLAND ROAD CLEBURNE Phone (817) 556-3720 TOTAL Lic Capacity: 0	TX Facility ID:	76033 Fax TITLE 18: TITLE 18/19: 003969 76031 Fax TITLE 18:	(817) 556-3076 0 0 0 Reg Svcs: (817) 641-3619 0	ICF/IID: 6	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2018 Owner Information PECAN VALLEY MHMR REGION 2101 WEST PEARL ST GRANBURY TX PHONE:	76401 FAX: SERVICE TYPE Region 03 - A 76048 FAX:	(254) 965-8653 PRIVATELY OWNED ARLINGTON
Facility Information: FEATHERSTON 402 FEATHERSTON ST CLEBURNE Phone (817) 645-4107 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: HIGHLAND ESTATES 1018 HIGHLAND ROAD CLEBURNE Phone (817) 556-3720 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	76033 Fax TITLE 18: TITLE 18/19: 003969 76031 Fax TITLE 18: TITLE 18: TITLE 19:	(817) 556-3076 0 0 0 Reg Svcs: (817) 641-3619 0	ICF/IID: 6	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2018 Owner Information PECAN VALLEY MHMR REGION 2101 WEST PEARL ST GRANBURY TX PHONE: PROGRAM TYPE: ICF/IID	76401 FAX: SERVICE TYPE Region 03 - A 76048 FAX: SERVICE TYPE	(254) 965-8653 PRIVATELY OWNED ARLINGTON
Facility Information: FEATHERSTON 402 FEATHERSTON ST CLEBURNE Phone (817) 645-4107 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: HIGHLAND ESTATES 1018 HIGHLAND ROAD CLEBURNE Phone (817) 556-3720 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	76033 Fax TITLE 18: TITLE 18/19: 003969 76031 Fax TITLE 18: TITLE 18: TITLE 19:	(817) 556-3076 0 0 0 Reg Svcs: (817) 641-3619 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2018 Owner Information PECAN VALLEY MHMR REGION 2101 WEST PEARL ST GRANBURY TX PHONE: PROGRAM TYPE: ICF/IID	76401 FAX: SERVICE TYPE Region 03 - A 76048 FAX: SERVICE TYPE	(254) 965-8653 PRIVATELY OWNED ARLINGTON GOVERNMENT BASED
Facility Information: FEATHERSTON 402 FEATHERSTON ST CLEBURNE Phone (817) 645-4107 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: HIGHLAND ESTATES 1018 HIGHLAND ROAD CLEBURNE Phone (817) 556-3720 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: QUAIL PARK	TX Facility ID:	76033 Fax TITLE 18: TITLE 19: TITLE 18/19: 003969 76031 Fax TITLE 18: TITLE 19: TITLE 18/19:	(817) 556-3076 0 0 0 Reg Svcs: (817) 641-3619 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2018 Owner Information PECAN VALLEY MHMR REGION 2101 WEST PEARL ST GRANBURY TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt:	76401 FAX: SERVICE TYPE Region 03 - A 76048 FAX: SERVICE TYPE	(254) 965-8653 PRIVATELY OWNED ARLINGTON GOVERNMENT BASED
Facility Information: FEATHERSTON 402 FEATHERSTON ST CLEBURNE Phone (817) 645-4107 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: HIGHLAND ESTATES 1018 HIGHLAND ROAD CLEBURNE Phone (817) 556-3720 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information:	TX Facility ID:	76033 Fax TITLE 18: TITLE 19: TITLE 18/19: 003969 76031 Fax TITLE 18: TITLE 19: TITLE 18/19:	(817) 556-3076 0 0 0 Reg Svcs: (817) 641-3619 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2018 Owner Information PECAN VALLEY MHMR REGION 2101 WEST PEARL ST GRANBURY TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information PECAN VALLEY MHMR REGION 2101 WEST PEARL ST GRANBURY TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information PECAN VALLEY MHMR REGION 2101 WEST PEARL ST	76401 FAX: SERVICE TYPE Region 03 - A 76048 FAX: SERVICE TYPE Region 03 - A	(254) 965-8653 PRIVATELY OWNED ARLINGTON GOVERNMENT BASED
Facility Information: FEATHERSTON 402 FEATHERSTON ST CLEBURNE Phone (817) 645-4107 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: HIGHLAND ESTATES 1018 HIGHLAND ROAD CLEBURNE Phone (817) 556-3720 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: QUAIL PARK 805 QUAIL PARK RUSH	TX Facility ID: TX Facility ID:	76033 Fax TITLE 18: TITLE 19: TITLE 18/19: 003969 76031 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	(817) 556-3076 0 0 0 Reg Svcs: (817) 641-3619 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2018 Owner Information PECAN VALLEY MHMR REGION 2101 WEST PEARL ST GRANBURY TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information PECAN VALLEY MHMR REGION 2101 WEST PEARL ST GRANBURY TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information PECAN VALLEY MHMR REGION 2101 WEST PEARL ST GRANBURY TX	76401 FAX: SERVICE TYPE Region 03 - A 76048 FAX: SERVICE TYPE 0 Region 03 - A	(254) 965-8653 PRIVATELY OWNED ARLINGTON GOVERNMENT BASED
Facility Information: FEATHERSTON 402 FEATHERSTON ST CLEBURNE Phone (817) 645-4107 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: HIGHLAND ESTATES 1018 HIGHLAND ROAD CLEBURNE Phone (817) 556-3720 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: QUAIL PARK 805 QUAIL PARK RUSH CLEBURNE	TX Facility ID: TX Facility ID:	76033	(817) 556-3076 0 0 0 Reg Svcs: (817) 641-3619 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2018 Owner Information PECAN VALLEY MHMR REGION 2101 WEST PEARL ST GRANBURY TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information PECAN VALLEY MHMR REGION 2101 WEST PEARL ST GRANBURY TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information PECAN VALLEY MHMR REGION 2101 WEST PEARL ST	76401 FAX: SERVICE TYPE Region 03 - A 76048 FAX: SERVICE TYPE Region 03 - A	(254) 965-8653 PRIVATELY OWNED ARLINGTON GOVERNMENT BASED
Facility Information: FEATHERSTON 402 FEATHERSTON ST CLEBURNE Phone (817) 645-4107 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: HIGHLAND ESTATES 1018 HIGHLAND ROAD CLEBURNE Phone (817) 556-3720 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: QUAIL PARK 805 QUAIL PARK RUSH CLEBURNE Phone (817) 556-3720	TX Facility ID: TX Facility ID:	76033	(817) 556-3076 0 0 0 Reg Svcs: (817) 641-3619 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2018 Owner Information PECAN VALLEY MHMR REGION 2101 WEST PEARL ST GRANBURY TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information PECAN VALLEY MHMR REGION 2101 WEST PEARL ST GRANBURY TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information PECAN VALLEY MHMR REGION 2101 WEST PEARL ST GRANBURY TX	76401 FAX: SERVICE TYPE Region 03 - A 76048 FAX: SERVICE TYPE 6 76048 FAX:	(254) 965-8653 PRIVATELY OWNED ARLINGTON GOVERNMENT BASED

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County JOHNSON		Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information: Facility ID:	003970	·		Owner Information	· ·
ROLLING ACRES				PECAN VALLEY MHMR REGION	
2901 FM 2280 CLEBURNE TX	76031			2101 WEST PEARL ST	
Phone (817) 558-0642	Fax	(817) 558-0952		GRANBURY TX	76048
TOTAL Lic Capacity: 0	TITLE 18:	,	ICF/IID: 6	PHONE:	FAX:
Cert Alzh Capacity: 0	TITLE 19:		iornib. 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0	TITLE 18/19:	0		License Exp Dt:	
County JOHNSON		Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information: Facility ID:	003924	neg oves.	IID ILAW	Owner Information	Region 03 - ARLINGTON
SPRUCE HOUSE	000021			EDUCARE COMMUNITY LIVING CORPO	RATION - TEXAS
802 BERKLEY				9901 LINN STATION RD	
CLEBURNE TX	76031	(512) 220 4102		LOUISVILLE KY	40223
Phone (817) 517-5483	Fax	(512) 338-4182		PHONE : (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: TITLE 18/19:				
PRIVATE Beds: 0	IIILE 18/19:	U		License Exp Dt: 12/03/2017	
County JOHNSON		Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information: Facility ID:	003625			Owner Information	
BLUEBONNET RESIDENTIAL CENTER 1 524 N PEARSON ST				SCP ACQUISITION PARTNERS LTD	
GODLEY TX	76044-3702			4244 RIVER BIRCH RD FORT WORTH TX	76137
Phone (817) 389-3442	Fax	(817) 389-2354			
TOTAL Lic Capacity: 0	TITLE 18:	0	ICF/IID: 6	PHONE: (817) 847-5741	FAX: (817) 847-5721
Cert Alzh Capacity: 0	TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19:	0		License Exp Dt: 03/01/2018	
County JOHNSON		Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information: Facility ID:	003622			Owner Information	
COMMUNITY LIVING CONCEPTS INC	003622			Owner Information COMMUNITY LIVING CONCEPTS INC	
•	003622 76050			COMMUNITY LIVING CONCEPTS INC 110 E WALNUT ST	
COMMUNITY LIVING CONCEPTS INC 802 DAVIS ST		(817) 558-9560		COMMUNITY LIVING CONCEPTS INC	76059
COMMUNITY LIVING CONCEPTS INC 802 DAVIS ST GRANDVIEW TX	76050	,	ICF/IID: 6	COMMUNITY LIVING CONCEPTS INC 110 E WALNUT ST	76059 FAX: (817) 558-9560
COMMUNITY LIVING CONCEPTS INC 802 DAVIS ST GRANDVIEW TX Phone (817) 558-9559	76050 Fax	0	ICF/IID: 6	COMMUNITY LIVING CONCEPTS INC 110 E WALNUT ST KEENE TX	
COMMUNITY LIVING CONCEPTS INC 802 DAVIS ST GRANDVIEW TX Phone (817) 558-9559 TOTAL Lic Capacity: 0	76050 Fax TITLE 18:	0	ICF/IID: 6	COMMUNITY LIVING CONCEPTS INC 110 E WALNUT ST KEENE TX PHONE: (817) 558-9559	FAX : (817) 558-9560
COMMUNITY LIVING CONCEPTS INC 802 DAVIS ST GRANDVIEW TX Phone (817) 558-9559 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	76050 Fax TITLE 18: TITLE19:	0	ICF/IID: 6	COMMUNITY LIVING CONCEPTS INC 110 E WALNUT ST KEENE TX PHONE: (817) 558-9559 PROGRAM TYPE: ICF/IID	FAX : (817) 558-9560
COMMUNITY LIVING CONCEPTS INC 802 DAVIS ST GRANDVIEW TX Phone (817) 558-9559 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	76050 Fax TITLE 18: TITLE19:	0 0 0		COMMUNITY LIVING CONCEPTS INC 110 E WALNUT ST KEENE TX PHONE: (817) 558-9559 PROGRAM TYPE: ICF/IID	FAX: (817) 558-9560 SERVICE TYPE PRIVATELY OWNED
COMMUNITY LIVING CONCEPTS INC 802 DAVIS ST GRANDVIEW TX Phone (817) 558-9559 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: Facility ID: COMMUNITY LIVING CONCEPTS INC	76050 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0		COMMUNITY LIVING CONCEPTS INC 110 E WALNUT ST KEENE TX PHONE: (817) 558-9559 PROGRAM TYPE: ICF/IID License Exp Dt: 01/09/2019	FAX: (817) 558-9560 SERVICE TYPE PRIVATELY OWNED
COMMUNITY LIVING CONCEPTS INC 802 DAVIS ST GRANDVIEW TX Phone (817) 558-9559 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: Facility ID: COMMUNITY LIVING CONCEPTS INC 712 STADIUM DR	76050 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0		COMMUNITY LIVING CONCEPTS INC 110 E WALNUT ST KEENE TX PHONE: (817) 558-9559 PROGRAM TYPE: ICF/IID License Exp Dt: 01/09/2019 Owner Information	FAX: (817) 558-9560 SERVICE TYPE PRIVATELY OWNED
COMMUNITY LIVING CONCEPTS INC 802 DAVIS ST GRANDVIEW TX Phone (817) 558-9559 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: Facility ID: COMMUNITY LIVING CONCEPTS INC	76050 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0		COMMUNITY LIVING CONCEPTS INC 110 E WALNUT ST KEENE TX PHONE: (817) 558-9559 PROGRAM TYPE: ICF/IID License Exp Dt: 01/09/2019 Owner Information COMMUNITY LIVING CONCEPTS INC	FAX: (817) 558-9560 SERVICE TYPE PRIVATELY OWNED
COMMUNITY LIVING CONCEPTS INC 802 DAVIS ST GRANDVIEW TX Phone (817) 558-9559 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: Facility ID: COMMUNITY LIVING CONCEPTS INC 712 STADIUM DR JOSHUA TX Phone (817) 774-3614	76050 Fax TITLE 18: TITLE19: TITLE 18/19: 003820 76058	0 0 0 Reg Svcs:		COMMUNITY LIVING CONCEPTS INC 110 E WALNUT ST KEENE TX PHONE: (817) 558-9559 PROGRAM TYPE: ICF/IID License Exp Dt: 01/09/2019 Owner Information COMMUNITY LIVING CONCEPTS INC 110 E WALNUT ST	FAX: (817) 558-9560 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
COMMUNITY LIVING CONCEPTS INC 802 DAVIS ST GRANDVIEW TX Phone (817) 558-9559 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: Facility ID: COMMUNITY LIVING CONCEPTS INC 712 STADIUM DR JOSHUA TX	76050 Fax TITLE 18: TITLE19: TITLE 18/19: 003820 76058 Fax	0 0 0 Reg Svcs: (817) 558-9560 0	IID TEAM	COMMUNITY LIVING CONCEPTS INC 110 E WALNUT ST KEENE TX PHONE: (817) 558-9559 PROGRAM TYPE: ICF/IID License Exp Dt: 01/09/2019 Owner Information COMMUNITY LIVING CONCEPTS INC 110 E WALNUT ST KEENE TX	FAX: (817) 558-9560 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76059
COMMUNITY LIVING CONCEPTS INC 802 DAVIS ST GRANDVIEW TX Phone (817) 558-9559 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: Facility ID: COMMUNITY LIVING CONCEPTS INC 712 STADIUM DR JOSHUA TX Phone (817) 774-3614 TOTAL Lic Capacity: 0	76050 Fax TITLE 18: TITLE19: TITLE 18/19: 003820 76058 Fax TITLE 18:	0 0 0 Reg Svcs: (817) 558-9560 0	IID TEAM	COMMUNITY LIVING CONCEPTS INC 110 E WALNUT ST KEENE TX PHONE: (817) 558-9559 PROGRAM TYPE: ICF/IID License Exp Dt: 01/09/2019 Owner Information COMMUNITY LIVING CONCEPTS INC 110 E WALNUT ST KEENE TX PHONE: (817) 558-9559	FAX: (817) 558-9560 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76059 FAX: (817) 558-9560
COMMUNITY LIVING CONCEPTS INC 802 DAVIS ST GRANDVIEW TX Phone (817) 558-9559 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: Facility ID: COMMUNITY LIVING CONCEPTS INC 712 STADIUM DR JOSHUA TX Phone (817) 774-3614 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	76050	0 0 0 Reg Svcs: (817) 558-9560 0	IID TEAM	COMMUNITY LIVING CONCEPTS INC 110 E WALNUT ST KEENE TX PHONE: (817) 558-9559 PROGRAM TYPE: ICF/IID License Exp Dt: 01/09/2019 Owner Information COMMUNITY LIVING CONCEPTS INC 110 E WALNUT ST KEENE TX PHONE: (817) 558-9559 PROGRAM TYPE: ICF/IID	FAX: (817) 558-9560 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76059 FAX: (817) 558-9560
COMMUNITY LIVING CONCEPTS INC 802 DAVIS ST GRANDVIEW TX Phone (817) 558-9559 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: Facility ID: COMMUNITY LIVING CONCEPTS INC 712 STADIUM DR JOSHUA TX Phone (817) 774-3614 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	76050	0 0 0 Reg Svcs: (817) 558-9560 0 0	IID TEAM ICF/IID: 6	COMMUNITY LIVING CONCEPTS INC 110 E WALNUT ST KEENE TX PHONE: (817) 558-9559 PROGRAM TYPE: ICF/IID License Exp Dt: 01/09/2019 Owner Information COMMUNITY LIVING CONCEPTS INC 110 E WALNUT ST KEENE TX PHONE: (817) 558-9559 PROGRAM TYPE: ICF/IID	FAX: (817) 558-9560 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76059 FAX: (817) 558-9560 SERVICE TYPE PRIVATELY OWNED
COMMUNITY LIVING CONCEPTS INC 802 DAVIS ST GRANDVIEW TX Phone (817) 558-9559 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: Facility ID: COMMUNITY LIVING CONCEPTS INC 712 STADIUM DR JOSHUA TX Phone (817) 774-3614 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON	76050 Fax TITLE 18: TITLE19: TITLE 18/19: 003820 76058 Fax TITLE 18: TITLE 19: TITLE 18/19:	0 0 0 Reg Svcs: (817) 558-9560 0 0	IID TEAM ICF/IID: 6	COMMUNITY LIVING CONCEPTS INC 110 E WALNUT ST KEENE TX PHONE: (817) 558-9559 PROGRAM TYPE: ICF/IID License Exp Dt: 01/09/2019 Owner Information COMMUNITY LIVING CONCEPTS INC 110 E WALNUT ST KEENE TX PHONE: (817) 558-9559 PROGRAM TYPE: ICF/IID License Exp Dt: 01/09/2019	FAX: (817) 558-9560 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76059 FAX: (817) 558-9560 SERVICE TYPE PRIVATELY OWNED
COMMUNITY LIVING CONCEPTS INC 802 DAVIS ST GRANDVIEW TX Phone (817) 558-9559 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: Facility ID: COMMUNITY LIVING CONCEPTS INC 712 STADIUM DR JOSHUA TX Phone (817) 774-3614 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: Facility ID: LITTLEBROOK ESTATES 105 LITTLEBROOK ROAD	76050 Fax TITLE 18: TITLE19: TITLE 18/19: 003820 76058 Fax TITLE 18: TITLE 19: TITLE 18/19:	0 0 0 Reg Svcs: (817) 558-9560 0 0	IID TEAM ICF/IID: 6	COMMUNITY LIVING CONCEPTS INC 110 E WALNUT ST KEENE TX PHONE: (817) 558-9559 PROGRAM TYPE: ICF/IID License Exp Dt: 01/09/2019 Owner Information COMMUNITY LIVING CONCEPTS INC 110 E WALNUT ST KEENE TX PHONE: (817) 558-9559 PROGRAM TYPE: ICF/IID License Exp Dt: 01/09/2019 Owner Information	FAX: (817) 558-9560 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76059 FAX: (817) 558-9560 SERVICE TYPE PRIVATELY OWNED
COMMUNITY LIVING CONCEPTS INC 802 DAVIS ST GRANDVIEW TX Phone (817) 558-9559 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: Facility ID: COMMUNITY LIVING CONCEPTS INC 712 STADIUM DR JOSHUA TX Phone (817) 774-3614 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: Facility ID: LITTLEBROOK ESTATES 105 LITTLEBROOK ROAD JOSHUA TX	76050	0 0 0 Reg Svcs: (817) 558-9560 0 0 0 Reg Svcs:	IID TEAM ICF/IID: 6	COMMUNITY LIVING CONCEPTS INC 110 E WALNUT ST KEENE TX PHONE: (817) 558-9559 PROGRAM TYPE: ICF/IID License Exp Dt: 01/09/2019 Owner Information COMMUNITY LIVING CONCEPTS INC 110 E WALNUT ST KEENE TX PHONE: (817) 558-9559 PROGRAM TYPE: ICF/IID License Exp Dt: 01/09/2019 Owner Information PECAN VALLEY MHMR REGION	FAX: (817) 558-9560 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76059 FAX: (817) 558-9560 SERVICE TYPE PRIVATELY OWNED
COMMUNITY LIVING CONCEPTS INC 802 DAVIS ST GRANDVIEW TX Phone (817) 558-9559 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: Facility ID: COMMUNITY LIVING CONCEPTS INC 712 STADIUM DR JOSHUA TX Phone (817) 774-3614 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: Facility ID: LITTLEBROOK ESTATES 105 LITTLEBROOK ROAD JOSHUA TX Phone (817) 645-0634	76050 Fax TITLE 18: TITLE19: TITLE 18/19: 003820 76058 Fax TITLE 18: TITLE19: TITLE 18/19: 003972 76058 Fax	0 0 0 Reg Svcs: (817) 558-9560 0 0 0 Reg Svcs:	IID TEAM ICF/IID: 6 IID TEAM	COMMUNITY LIVING CONCEPTS INC 110 E WALNUT ST KEENE TX PHONE: (817) 558-9559 PROGRAM TYPE: ICF/IID License Exp Dt: 01/09/2019 Owner Information COMMUNITY LIVING CONCEPTS INC 110 E WALNUT ST KEENE TX PHONE: (817) 558-9559 PROGRAM TYPE: ICF/IID License Exp Dt: 01/09/2019 Owner Information PECAN VALLEY MHMR REGION 2101 WEST PEARL ST	FAX: (817) 558-9560 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76059 FAX: (817) 558-9560 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
COMMUNITY LIVING CONCEPTS INC 802 DAVIS ST GRANDVIEW TX Phone (817) 558-9559 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: Facility ID: COMMUNITY LIVING CONCEPTS INC 712 STADIUM DR JOSHUA TX Phone (817) 774-3614 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County JOHNSON Facility Information: Facility ID: LITTLEBROOK ESTATES 105 LITTLEBROOK ROAD JOSHUA TX	76050	0 0 0 Reg Svcs: (817) 558-9560 0 0 0 Reg Svcs: (817) 641-3619 0	IID TEAM ICF/IID: 6	COMMUNITY LIVING CONCEPTS INC 110 E WALNUT ST KEENE TX PHONE: (817) 558-9559 PROGRAM TYPE: ICF/IID License Exp Dt: 01/09/2019 Owner Information COMMUNITY LIVING CONCEPTS INC 110 E WALNUT ST KEENE TX PHONE: (817) 558-9559 PROGRAM TYPE: ICF/IID License Exp Dt: 01/09/2019 Owner Information PECAN VALLEY MHMR REGION 2101 WEST PEARL ST GRANBURY TX	FAX: (817) 558-9560 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76059 FAX: (817) 558-9560 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76048

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County JOHNSON			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	007366	·		Owner Information	•
COMMUNITY LIVING CONCE	PTS INC				COMMUNITY LIVING CONCEPTS INC	
112 E WALNUT KEENE	TX	76059			110 E WALNUT ST	
Phone (817) 558-9559	17	Fax	(817) 558-9560		KEENE TX	76059
TOTAL Lic Capacity: 0		TITLE 18:	, ,	ICF/IID: 6	PHONE : (817) 558-9559	FAX: (817) 558-9560
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/09/2019	
County JONES			Reg Svcs:	ICF/IID		Region 02 - ABILENE
Facility Information:	Facility ID:	003705			Owner Information	
SAGEBRUSH LIVING CENTER	R				SAGEBRUSH LIVING CENTER LTD	
1101 COLUMBIA ST STAMFORD	TX	79553			845 PROTON RD	
Phone (325) 773-2791		Fax	(325) 773-2448		SAN ANTONIO TX	78258
TOTAL Lic Capacity: 0		TITLE 18:	, ,	ICF/IID: 86	PHONE: (210) 340-7155	FAX: (210) 340-4832
Cert Alzh Capacity: 0		TITLE19:		101711121 00	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 07/01/2017	
County LEE			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	007583	1.09 0103.	(/ (301)14 (1.00014)	Owner Information	
COUNTRY CLUB HOUSE	•				JAMES-LEACH INC	
1070 CR 227	TV	70040			339 W COLORADO	
GIDDINGS Phone (979) 542-9315	TX	78942 Fax			LA GRANGE TX	78945
, ,		TITLE 18:	٥	ICF/IID: 6	PHONE : (979) 968-8502	FAX : (979) 968-5210
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0		TITLE 10:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 01/26/2018	
-						
County LEE			Pag Cyas:	IID (ALICTINI DECION)		Pogion 07 ALICTIN
County LEE Facility Information:	Facility ID:	007523	Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
County LEE Facility Information: EDGEWOOD HOUSE	Facility ID:	007523	Reg Svcs:	IID (AUSTIN REGION)	Owner Information JAMES-LEACH INC	Region 07 - AUSTIN
Facility Information: EDGEWOOD HOUSE 486 EDGEWOOD	·		Reg Svcs:	IID (AUSTIN REGION)	Owner Information	Region 07 - AUSTIN
Facility Information: EDGEWOOD HOUSE 486 EDGEWOOD GIDDINGS	Facility ID:	78942	Reg Svcs:	IID (AUSTIN REGION)	Owner Information JAMES-LEACH INC	Region 07 - AUSTIN 78945
Facility Information: EDGEWOOD HOUSE 486 EDGEWOOD GIDDINGS Phone (979) 542-0360	·	78942 Fax			Owner Information JAMES-LEACH INC 339 W COLORADO	·
Facility Information: EDGEWOOD HOUSE 486 EDGEWOOD GIDDINGS Phone (979) 542-0360 TOTAL Lic Capacity: 0	·	78942 Fax TITLE 18:	0	IID (AUSTIN REGION) ICF/IID: 6	Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE TX	78945
Facility Information: EDGEWOOD HOUSE 486 EDGEWOOD GIDDINGS Phone (979) 542-0360 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	78942 Fax TITLE 18: TITLE19:	0 0		Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE TX PHONE: (979) 968-8502 PROGRAM TYPE: ICF/IID	78945 FAX: (979) 968-5210
Facility Information: EDGEWOOD HOUSE 486 EDGEWOOD GIDDINGS Phone (979) 542-0360 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	78942 Fax TITLE 18:	0 0 0	ICF/IID: 6	Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE TX PHONE: (979) 968-8502 PROGRAM TYPE: ICF/IID License Exp Dt: 04/08/2018	78945 FAX: (979) 968-5210 SERVICE TYPE PRIVATELY OWNED
Facility Information: EDGEWOOD HOUSE 486 EDGEWOOD GIDDINGS Phone (979) 542-0360 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LEE	тх	78942 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0		Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE TX PHONE: (979) 968-8502 PROGRAM TYPE: ICF/IIID License Exp Dt: 04/08/2018	78945 FAX: (979) 968-5210
Facility Information: EDGEWOOD HOUSE 486 EDGEWOOD GIDDINGS Phone (979) 542-0360 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LEE Facility Information:	·	78942 Fax TITLE 18: TITLE19:	0 0 0	ICF/IID: 6	Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE TX PHONE: (979) 968-8502 PROGRAM TYPE: ICF/IID License Exp Dt: 04/08/2018 Owner Information	78945 FAX: (979) 968-5210 SERVICE TYPE PRIVATELY OWNED
Facility Information: EDGEWOOD HOUSE 486 EDGEWOOD GIDDINGS Phone (979) 542-0360 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LEE	тх	78942 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 6	Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE TX PHONE: (979) 968-8502 PROGRAM TYPE: ICF/IID License Exp Dt: 04/08/2018 Owner Information JAMES-LEACH INC	78945 FAX: (979) 968-5210 SERVICE TYPE PRIVATELY OWNED
Facility Information: EDGEWOOD HOUSE 486 EDGEWOOD GIDDINGS Phone (979) 542-0360 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LEE Facility Information: JOEKEL HOUSE 666 JOEKEL GIDDINGS	тх	78942	0 0 0	ICF/IID: 6	Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE TX PHONE: (979) 968-8502 PROGRAM TYPE: ICF/IID License Exp Dt: 04/08/2018 Owner Information	78945 FAX: (979) 968-5210 SERVICE TYPE PRIVATELY OWNED
Facility Information: EDGEWOOD HOUSE 486 EDGEWOOD GIDDINGS Phone (979) 542-0360 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LEE Facility Information: JOEKEL HOUSE 666 JOEKEL GIDDINGS Phone (979) 542-1877	TX Facility ID:	78942	0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION)	Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE TX PHONE: (979) 968-8502 PROGRAM TYPE: ICF/IID License Exp Dt: 04/08/2018 Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE TX	78945 FAX: (979) 968-5210 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: EDGEWOOD HOUSE 486 EDGEWOOD GIDDINGS Phone (979) 542-0360 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LEE Facility Information: JOEKEL HOUSE 666 JOEKEL GIDDINGS Phone (979) 542-1877 TOTAL Lic Capacity: 0	TX Facility ID:	78942	0 0 0 Reg Svcs:	ICF/IID: 6	Dwner Information	78945 FAX: (979) 968-5210 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN 78945 FAX: (979) 968-5210
Facility Information: EDGEWOOD HOUSE 486 EDGEWOOD GIDDINGS Phone (979) 542-0360 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County LEE Facility Information: JOEKEL HOUSE 666 JOEKEL GIDDINGS Phone (979) 542-1877 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	78942	0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION)	Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE PHONE: (979) 968-8502 PROGRAM TYPE: ICF/IID License Exp Dt: 04/08/2018 Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE TX PHONE: (979) 968-8502 PROGRAM TYPE: ICF/IID	78945 FAX: (979) 968-5210 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: EDGEWOOD HOUSE 486 EDGEWOOD GIDDINGS Phone (979) 542-0360 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LEE Facility Information: JOEKEL HOUSE 666 JOEKEL GIDDINGS Phone (979) 542-1877 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	78942	0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE TX PHONE: (979) 968-8502 PROGRAM TYPE: ICF/IID License Exp Dt: 04/08/2018 Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE TX PHONE: (979) 968-8502 PROGRAM TYPE: ICF/IID License Exp Dt: 10/08/2017	78945 FAX: (979) 968-5210 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN 78945 FAX: (979) 968-5210 SERVICE TYPE PRIVATELY OWNED
Facility Information: EDGEWOOD HOUSE 486 EDGEWOOD GIDDINGS Phone (979) 542-0360 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LEE Facility Information: JOEKEL HOUSE 666 JOEKEL GIDDINGS Phone (979) 542-1877 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LEE	TX Facility ID:	78942	0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION)	Dwner Information	78945 FAX: (979) 968-5210 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN 78945 FAX: (979) 968-5210
Facility Information: EDGEWOOD HOUSE 486 EDGEWOOD GIDDINGS Phone (979) 542-0360 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LEE Facility Information: JOEKEL HOUSE 666 JOEKEL GIDDINGS Phone (979) 542-1877 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LEE Facility Information:	TX Facility ID:	78942	0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE TX PHONE: (979) 968-8502 PROGRAM TYPE: ICF/IID License Exp Dt: 04/08/2018 Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE TX PHONE: (979) 968-8502 PROGRAM TYPE: ICF/IID License Exp Dt: 10/08/2017 Owner Information	78945 FAX: (979) 968-5210 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN 78945 FAX: (979) 968-5210 SERVICE TYPE PRIVATELY OWNED
Facility Information: EDGEWOOD HOUSE 486 EDGEWOOD GIDDINGS Phone (979) 542-0360 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LEE Facility Information: JOEKEL HOUSE 666 JOEKEL GIDDINGS Phone (979) 542-1877 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LEE	TX Facility ID:	78942	0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE TX PHONE: (979) 968-8502 PROGRAM TYPE: ICF/IID License Exp Dt: 04/08/2018 Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE TX PHONE: (979) 968-8502 PROGRAM TYPE: ICF/IID License Exp Dt: 10/08/2017 Owner Information AUSTIN HEALTH RESOURCES INC	78945 FAX: (979) 968-5210 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN 78945 FAX: (979) 968-5210 SERVICE TYPE PRIVATELY OWNED
Facility Information: EDGEWOOD HOUSE 486 EDGEWOOD GIDDINGS Phone (979) 542-0360 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LEE Facility Information: JOEKEL HOUSE 666 JOEKEL GIDDINGS Phone (979) 542-1877 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LEE Facility Information: USE Alzh Capacity: 0 County LEE Facility Information: WASHINGTON HOUSE	TX Facility ID:	78942	0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE TX PHONE: (979) 968-8502 PROGRAM TYPE: ICF/IID License Exp Dt: 04/08/2018 Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE TX PHONE: (979) 968-8502 PROGRAM TYPE: ICF/IID License Exp Dt: 10/08/2017 Owner Information AUSTIN HEALTH RESOURCES INC 9609 NEW FOUNDLAND CIRCLE	78945 FAX: (979) 968-5210 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN 78945 FAX: (979) 968-5210 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: EDGEWOOD HOUSE 486 EDGEWOOD GIDDINGS Phone (979) 542-0360 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LEE Facility Information: JOEKEL HOUSE 666 JOEKEL GIDDINGS Phone (979) 542-1877 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LEE Facility Information: 0 County LEE Facility Information: 0 PRIVATE Beds: 0	TX Facility ID: TX Facility ID:	78942	0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE PHONE: (979) 968-8502 PROGRAM TYPE: ICF/IID License Exp Dt: 04/08/2018 Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE TX PHONE: (979) 968-8502 PROGRAM TYPE: ICF/IID License Exp Dt: 10/08/2017 Owner Information AUSTIN HEALTH RESOURCES INC 9609 NEW FOUNDLAND CIRCLE AUSTIN TX	78945 FAX: (979) 968-5210 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN 78945 FAX: (979) 968-5210 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: EDGEWOOD HOUSE 486 EDGEWOOD GIDDINGS Phone (979) 542-0360 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LEE Facility Information: JOEKEL HOUSE 666 JOEKEL GIDDINGS Phone (979) 542-1877 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LEE Facility Information: USE COUNTY LEE Facility Information: WASHINGTON HOUSE 259 CACTUS GIDDINGS Phone (512) 835-8955 TOTAL Lic Capacity: 0	TX Facility ID: TX Facility ID:	78942	0 0 0 Reg Svcs: 0 0 0 Reg Svcs: (512) 835-8812	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Dwner Information	78945 FAX: (979) 968-5210 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN 78945 FAX: (979) 968-5210 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN 78758 FAX: (512) 895-8812
Facility Information: EDGEWOOD HOUSE 486 EDGEWOOD GIDDINGS Phone (979) 542-0360 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LEE Facility Information: JOEKEL HOUSE 666 JOEKEL GIDDINGS Phone (979) 542-1877 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LEE Facility Information: 0 County LEE Facility Information: 0 County LEE Facility Information: 0 PRIVATE Beds: 0	TX Facility ID: TX Facility ID:	78942	0 0 0 Reg Svcs: 0 0 0 Reg Svcs: (512) 835-8812 0	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6 IID (AUSTIN REGION)	Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE PHONE: (979) 968-8502 PROGRAM TYPE: ICF/IID License Exp Dt: 04/08/2018 Owner Information JAMES-LEACH INC 339 W COLORADO LA GRANGE TX PHONE: (979) 968-8502 PROGRAM TYPE: ICF/IID License Exp Dt: 10/08/2017 Owner Information AUSTIN HEALTH RESOURCES INC 9609 NEW FOUNDLAND CIRCLE AUSTIN TX	78945 FAX: (979) 968-5210 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN 78945 FAX: (979) 968-5210 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN

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County LIBERTY			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	003904			Owner Information	
LEE STREET HOUSE					TRI COUNTY MHMR SERVICES	
802 LEE ST CLEVELAND	TX	77327			PO BOX 3067	
Phone (719) 592-3651		Fax	(409) 756-8331		CONROE TX	77305
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE:	FAX:
Cert Alzh Capacity: 0		TITLE19:		•	PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt:	
County LIBERTY			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	003891	ŭ	(, ,	Owner Information	
LEGION STREET HOUSE					TRI COUNTY MHMR SERVICES	
206 CHARLES BARKER	TX	77327			PO BOX 3067	
CLEVELAND Phone (409) 756-8331	1.4	Fax			CONROE TX	77305
, ,			٥	ICF/IID: 6	PHONE:	FAX:
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0		TITLE 18: TITLE19:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt:	
TRIVATE Deus. 0		111LL 10/13.			License Exp Dt.	
County LIBERTY			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	003982			Owner Information	
AVENUE B HOUSE 201 AVE B RTE 3 BOX 65 P					TRI COUNTY MHMR SERVICES	
LIBERTY	TX	77575			PO BOX 3067	77205
Phone (409) 336-2629		Fax	(409) 756-8331		CONROE TX	77305
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE:	FAX:
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt:	
County LIBERTY			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
County LIBERTY Facility Information:	Facility ID:	007566	Reg Svcs:	UNIT 21 (ICF/MR)	Owner Information	Region 06 - HOUSTON
•	Facility ID:	007566	Reg Svcs:	UNIT 21 (ICF/MR)	Owner Information TRI COUNTY MHMR SERVICES	Region 06 - HOUSTON
Facility Information: HOLLY STREET HOUSE 1420 HOLLY ST	·		Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information: HOLLY STREET HOUSE 1420 HOLLY ST LIBERTY	Facility ID:	77575	Reg Svcs:	UNIT 21 (ICF/MR)	TRI COUNTY MHMR SERVICES	Region 06 - HOUSTON 77305
Facility Information: HOLLY STREET HOUSE 1420 HOLLY ST LIBERTY Phone (409) 756-8122	·	77575 Fax			TRI COUNTY MHMR SERVICES PO BOX 3067	·
Facility Information: HOLLY STREET HOUSE 1420 HOLLY ST LIBERTY Phone (409) 756-8122 TOTAL Lic Capacity: 0	·	77575 Fax TITLE 18:	0	UNIT 21 (ICF/MR) ICF/IID: 6	TRI COUNTY MHMR SERVICES PO BOX 3067 CONROE TX	77305
Facility Information: HOLLY STREET HOUSE 1420 HOLLY ST LIBERTY Phone (409) 756-8122 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	77575 Fax TITLE 18: TITLE19:	0 0		TRI COUNTY MHMR SERVICES PO BOX 3067 CONROE TX PHONE: PROGRAM TYPE: ICF/IID	77305 FAX :
Facility Information: HOLLY STREET HOUSE 1420 HOLLY ST LIBERTY Phone (409) 756-8122 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	77575 Fax TITLE 18:	0 0 0	ICF/IID: 6	TRI COUNTY MHMR SERVICES PO BOX 3067 CONROE TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt:	77305 FAX: SERVICE TYPE GOVERNMENT BASED
Facility Information: HOLLY STREET HOUSE 1420 HOLLY ST LIBERTY Phone (409) 756-8122 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LIMESTONE	тх	77575 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0		TRI COUNTY MHMR SERVICES PO BOX 3067 CONROE TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt:	77305 FAX :
Facility Information: HOLLY STREET HOUSE 1420 HOLLY ST LIBERTY Phone (409) 756-8122 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LIMESTONE Facility Information:	·	77575 Fax TITLE 18: TITLE19:	0 0 0	ICF/IID: 6	TRI COUNTY MHMR SERVICES PO BOX 3067 CONROE TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information	77305 FAX: SERVICE TYPE GOVERNMENT BASED Region 07 - AUSTIN
Facility Information: HOLLY STREET HOUSE 1420 HOLLY ST LIBERTY Phone (409) 756-8122 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LIMESTONE	тх	77575 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 6	TRI COUNTY MHMR SERVICES PO BOX 3067 CONROE TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information CEN-TEX ASSOCIATION FOR RETARD	77305 FAX: SERVICE TYPE GOVERNMENT BASED Region 07 - AUSTIN
Facility Information: HOLLY STREET HOUSE 1420 HOLLY ST LIBERTY Phone (409) 756-8122 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LIMESTONE Facility Information: COMMERCE HOUSE 811 E COMMERCE MEXIA	тх	77575	0 0 0 Reg Svcs:	ICF/IID: 6	TRI COUNTY MHMIR SERVICES PO BOX 3067 CONROE TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information CEN-TEX ASSOCIATION FOR RETARD PO DRAWER 750	77305 FAX: SERVICE TYPE GOVERNMENT BASED Region 07 - AUSTIN
Facility Information: HOLLY STREET HOUSE 1420 HOLLY ST LIBERTY Phone (409) 756-8122 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LIMESTONE Facility Information: COMMERCE HOUSE 811 E COMMERCE	TX Facility ID:	77575 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 6	TRI COUNTY MHMR SERVICES PO BOX 3067 CONROE TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information CEN-TEX ASSOCIATION FOR RETARD PO DRAWER 750 MEXIA TX	77305 FAX: SERVICE TYPE GOVERNMENT BASED Region 07 - AUSTIN ED CHILDREN 76667
Facility Information: HOLLY STREET HOUSE 1420 HOLLY ST LIBERTY Phone (409) 756-8122 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LIMESTONE Facility Information: COMMERCE HOUSE 811 E COMMERCE MEXIA	TX Facility ID:	77575	0 0 0 Reg Svcs:	ICF/IID: 6	TRI COUNTY MHMR SERVICES PO BOX 3067 CONROE TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information CEN-TEX ASSOCIATION FOR RETARD PO DRAWER 750 MEXIA TX PHONE: (254) 562-2891	77305 FAX: SERVICE TYPE GOVERNMENT BASED Region 07 - AUSTIN ED CHILDREN 76667 FAX: (254) 562-7656
Facility Information: HOLLY STREET HOUSE 1420 HOLLY ST LIBERTY Phone (409) 756-8122 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County LIMESTONE Facility Information: COMMERCE HOUSE 811 E COMMERCE MEXIA Phone (254) 562-6241 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	77575	0 0 0 Reg Svcs: (254) 562-5924 0	ICF/IID: 6 IID (AUSTIN REGION)	TRI COUNTY MHMR SERVICES PO BOX 3067 CONROE TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information CEN-TEX ASSOCIATION FOR RETARD PO DRAWER 750 MEXIA TX PHONE: (254) 562-2891 PROGRAM TYPE: ICF/IID	77305 FAX: SERVICE TYPE GOVERNMENT BASED Region 07 - AUSTIN ED CHILDREN 76667
Facility Information: HOLLY STREET HOUSE 1420 HOLLY ST LIBERTY Phone (409) 756-8122 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LIMESTONE Facility Information: COMMERCE HOUSE 811 E COMMERCE MEXIA Phone (254) 562-6241 TOTAL Lic Capacity: 0	TX Facility ID:	77575	0 0 0 Reg Svcs: (254) 562-5924 0	ICF/IID: 6 IID (AUSTIN REGION)	TRI COUNTY MHMR SERVICES PO BOX 3067 CONROE TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information CEN-TEX ASSOCIATION FOR RETARD PO DRAWER 750 MEXIA TX PHONE: (254) 562-2891	77305 FAX: SERVICE TYPE GOVERNMENT BASED Region 07 - AUSTIN ED CHILDREN 76667 FAX: (254) 562-7656
Facility Information: HOLLY STREET HOUSE 1420 HOLLY ST LIBERTY Phone (409) 756-8122 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County LIMESTONE Facility Information: COMMERCE HOUSE 811 E COMMERCE MEXIA Phone (254) 562-6241 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	77575	0 0 0 Reg Svcs: (254) 562-5924 0	ICF/IID: 6 IID (AUSTIN REGION)	TRI COUNTY MHMR SERVICES PO BOX 3067 CONROE TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information CEN-TEX ASSOCIATION FOR RETARD PO DRAWER 750 MEXIA TX PHONE: (254) 562-2891 PROGRAM TYPE: ICF/IID License Exp Dt: 03/02/2018	77305 FAX: SERVICE TYPE GOVERNMENT BASED Region 07 - AUSTIN ED CHILDREN 76667 FAX: (254) 562-7656
Facility Information: HOLLY STREET HOUSE 1420 HOLLY ST LIBERTY Phone (409) 756-8122 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County LIMESTONE Facility Information: COMMERCE HOUSE 811 E COMMERCE MEXIA Phone (254) 562-6241 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	77575	0 0 0 Reg Svcs: (254) 562-5924 0 0	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	TRI COUNTY MHMR SERVICES PO BOX 3067 CONROE TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information CEN-TEX ASSOCIATION FOR RETARD PO DRAWER 750 MEXIA TX PHONE: (254) 562-2891 PROGRAM TYPE: ICF/IID License Exp Dt: 03/02/2018	77305 FAX: SERVICE TYPE GOVERNMENT BASED Region 07 - AUSTIN ED CHILDREN 76667 FAX: (254) 562-7656 SERVICE TYPE PRIVATELY OWNED
Facility Information: HOLLY STREET HOUSE 1420 HOLLY ST LIBERTY Phone (409) 756-8122 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County LIMESTONE Facility Information: COMMERCE HOUSE 811 E COMMERCE MEXIA Phone (254) 562-6241 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LIMESTONE 811 E COMMERCE MEXIA Phone (254) 562-6241 TOTAL Lic Capacity: 0 County LIMESTONE Facility Information: FAIRWAY HOUSE	TX Facility ID:	77575	0 0 0 Reg Svcs: (254) 562-5924 0 0	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	TRI COUNTY MHMR SERVICES PO BOX 3067 CONROE TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information CEN-TEX ASSOCIATION FOR RETARD PO DRAWER 750 MEXIA TX PHONE: (254) 562-2891 PROGRAM TYPE: ICF/IID License Exp Dt: 03/02/2018	77305 FAX: SERVICE TYPE GOVERNMENT BASED Region 07 - AUSTIN ED CHILDREN 76667 FAX: (254) 562-7656 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: HOLLY STREET HOUSE 1420 HOLLY ST LIBERTY Phone (409) 756-8122 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County LIMESTONE Facility Information: COMMERCE HOUSE 811 E COMMERCE MEXIA Phone (254) 562-6241 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LIMESTONE Facility Information: FAIRWAY HOUSE 1000 FAIRWAY	TX Facility ID: TX Facility ID:	77575	0 0 0 Reg Svcs: (254) 562-5924 0 0	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	TRI COUNTY MHMIR SERVICES PO BOX 3067 CONROE TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information CEN-TEX ASSOCIATION FOR RETARD PO DRAWER 750 MEXIA TX PHONE: (254) 562-2891 PROGRAM TYPE: ICF/IID License Exp Dt: 03/02/2018 Owner Information CEN-TEX ASSOCIATION FOR RETARD PO DRAWER 750 Owner Information CEN-TEX ASSOCIATION FOR RETARD PO DRAWER 750	77305 FAX: SERVICE TYPE GOVERNMENT BASED Region 07 - AUSTIN ED CHILDREN 76667 FAX: (254) 562-7656 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ED CHILDREN
Facility Information: HOLLY STREET HOUSE 1420 HOLLY ST LIBERTY Phone (409) 756-8122 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County LIMESTONE Facility Information: COMMERCE HOUSE 811 E COMMERCE MEXIA Phone (254) 562-6241 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LIMESTONE 811 E COMMERCE MEXIA Phone (254) 562-6241 TOTAL Lic Capacity: 0 County LIMESTONE Facility Information: FAIRWAY HOUSE	TX Facility ID:	77575	0 0 0 Reg Svcs: (254) 562-5924 0 0	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	TRI COUNTY MHMIR SERVICES PO BOX 3067 CONROE TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information CEN-TEX ASSOCIATION FOR RETARD PO DRAWER 750 MEXIA TX PHONE: (254) 562-2891 PROGRAM TYPE: ICF/IID License Exp Dt: 03/02/2018 Owner Information CEN-TEX ASSOCIATION FOR RETARD PO DRAWER 750 MEXIA TX PHONE: (254) 562-2891 PROGRAM TYPE: ICF/IID License Exp Dt: 03/02/2018	77305 FAX: SERVICE TYPE GOVERNMENT BASED Region 07 - AUSTIN ED CHILDREN 76667 FAX: (254) 562-7656 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: HOLLY STREET HOUSE 1420 HOLLY ST LIBERTY Phone (409) 756-8122 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LIMESTONE Facility Information: COMMERCE HOUSE 811 E COMMERCE MEXIA Phone (254) 562-6241 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LIMESTONE Facility Information: FAIRWAY HOUSE 1000 FAIRWAY MEXIA Phone (254) 562-7960	TX Facility ID: TX Facility ID:	77575	0 0 0 Reg Svcs: (254) 562-5924 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6 IID (AUSTIN REGION)	TRI COUNTY MHMIR SERVICES PO BOX 3067 CONROE TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information CEN-TEX ASSOCIATION FOR RETARD PO DRAWER 750 MEXIA TX PHONE: (254) 562-2891 PROGRAM TYPE: ICF/IID License Exp Dt: 03/02/2018 Owner Information CEN-TEX ASSOCIATION FOR RETARD PO DRAWER 750	77305 FAX: SERVICE TYPE GOVERNMENT BASED Region 07 - AUSTIN ED CHILDREN 76667 FAX: (254) 562-7656 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ED CHILDREN
Facility Information: HOLLY STREET HOUSE 1420 HOLLY ST LIBERTY Phone (409) 756-8122 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County LIMESTONE Facility Information: COMMERCE HOUSE 811 E COMMERCE MEXIA Phone (254) 562-6241 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LIMESTONE Facility Information: FAIRWAY HOUSE 1000 FAIRWAY MEXIA	TX Facility ID: TX Facility ID:	77575	0 0 0 Reg Svcs: (254) 562-5924 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	TRI COUNTY MHMR SERVICES PO BOX 3067 CONROE TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information CEN-TEX ASSOCIATION FOR RETARD PO DRAWER 750 MEXIA TX PHONE: (254) 562-2891 PROGRAM TYPE: ICF/IID License Exp Dt: 03/02/2018 Owner Information CEN-TEX ASSOCIATION FOR RETARD PO DRAWER 750 MEXIA TX Owner Information CEN-TEX ASSOCIATION FOR RETARD PO DRAWER 750 MEXIA TX	77305 FAX: SERVICE TYPE GOVERNMENT BASED Region 07 - AUSTIN ED CHILDREN 76667 FAX: (254) 562-7656 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ED CHILDREN 76667
Facility Information: HOLLY STREET HOUSE 1420 HOLLY ST LIBERTY Phone (409) 756-8122 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LIMESTONE Facility Information: COMMERCE HOUSE 811 E COMMERCE MEXIA Phone (254) 562-6241 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LIMESTONE Facility Information: FAIRWAY HOUSE 1000 FAIRWAY MEXIA Phone (254) 562-7960 TOTAL Lic Capacity: 0	TX Facility ID: TX Facility ID:	77575	0 0 0 Reg Svcs: (254) 562-5924 0 0 0 (254) 562-5924 0 0	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6 IID (AUSTIN REGION)	TRI COUNTY MHMIR SERVICES PO BOX 3067 CONROE TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information CEN-TEX ASSOCIATION FOR RETARD PO DRAWER 750 MEXIA TX PHONE: (254) 562-2891 PROGRAM TYPE: ICF/IID License Exp Dt: 03/02/2018 Owner Information CEN-TEX ASSOCIATION FOR RETARD PO DRAWER 750 MEXIA TX PHONE: (254) 562-2891	77305 FAX: SERVICE TYPE GOVERNMENT BASED Region 07 - AUSTIN ED CHILDREN 76667 FAX: (254) 562-7656 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ED CHILDREN 76667 FAX: (254) 562-7656

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County LIMESTONE			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	007105	J	,	Owner Information	C
MEXIA STATE SUPPORTED L	IVING CENTE	R			DADS	
HIGHWAY 171 MEXIA	TX	76667			PO BOX 12668	
Phone (254) 562-2821		Fax	(254) 562-1444		AUSTIN TX	78711
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 616	PHONE: (512) 454-3761	FAX:
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE STATE SCHOOL/STATE CENTER
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt:	
County LIMESTONE			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	007586			Owner Information	
TYLER HOUSE 830 E TYLER					CEN-TEX ASSOCIATION FOR RETARDE	ED CHILDREN
MEXIA	TX	76667			PO DRAWER 750	70007
Phone (254) 562-6466		Fax	(254) 562-5924		MEXIA TX	76667
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (254) 562-2891	FAX : (254) 562-7656
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 02/05/2018	
County LUBBOCK			Reg Svcs:	HIGH PLAINS ICF/MR		Region 01 - LUBBOCK
Facility Information:	Facility ID:	003908			Owner Information	
IDALOU COMMUNITY HOME					EDUCARE COMMUNITY LIVING LIMITED	PARTNERSHIP
606 S MAIN IDALOU	TX	79329			9901 LINN STATION ROAD	
Phone (806) 894-4902		Fax	(806) 894-9605		LOUISVILLE KY	40223-3808
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE: (502) 394-2100	FAX : (502) 394-2285
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2019	
County LUBBOCK			Reg Svcs:	HIGH PLAINS ICF/MR		Region 01 - LUBBOCK
County LUBBOCK Facility Information:	Facility ID:	007330	Reg Svcs:	HIGH PLAINS ICF/MR	Owner Information	Region 01 - LUBBOCK
Facility Information: 23RD MANOR	Facility ID:	007330	Reg Svcs:	HIGH PLAINS ICF/MR	Owner Information ANNADALE MANOR INC.	Region 01 - LUBBOCK
Facility Information:	Facility ID:	007330 79407	Reg Svcs:	HIGH PLAINS ICF/MR	ANNADALE MANOR INC. 7614 BAYLOR	
Facility Information: 23RD MANOR 5423 23RD ST	-		Reg Svcs:	HIGH PLAINS ICF/MR	ANNADALE MANOR INC. 7614 BAYLOR LUBBOCK TX	79416
Facility Information: 23RD MANOR 5423 23RD ST LUBBOCK	-	79407		HIGH PLAINS ICF/MR	ANNADALE MANOR INC. 7614 BAYLOR	
Facility Information: 23RD MANOR 5423 23RD ST LUBBOCK Phone (806) 632-6588	-	79407 Fax	0		ANNADALE MANOR INC. 7614 BAYLOR LUBBOCK TX	79416
Facility Information: 23RD MANOR 5423 23RD ST LUBBOCK Phone (806) 632-6588 TOTAL Lic Capacity: 0	-	79407 Fax TITLE 18:	0 0		ANNADALE MANOR INC. 7614 BAYLOR LUBBOCK TX PHONE: (806) 632-6588	79416 FAX :
Facility Information: 23RD MANOR 5423 23RD ST LUBBOCK Phone (806) 632-6588 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	-	79407 Fax TITLE 18: TITLE19:	0 0		ANNADALE MANOR INC. 7614 BAYLOR LUBBOCK TX PHONE: (806) 632-6588 PROGRAM TYPE: ICF/IID License Exp Dt: 07/01/2017	79416 FAX :
Facility Information: 23RD MANOR 5423 23RD ST LUBBOCK Phone (806) 632-6588 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	-	79407 Fax TITLE 18: TITLE19:	0 0 0	ICF/IID: 6	ANNADALE MANOR INC. 7614 BAYLOR LUBBOCK TX PHONE: (806) 632-6588 PROGRAM TYPE: ICF/IID License Exp Dt: 07/01/2017	79416 FAX: SERVICE TYPE PRIVATELY OWNED
Facility Information: 23RD MANOR 5423 23RD ST LUBBOCK Phone (806) 632-6588 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: 41ST STREET COMMUNITY H	TX Facility ID:	79407 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 6	ANNADALE MANOR INC. 7614 BAYLOR LUBBOCK TX PHONE: (806) 632-6588 PROGRAM TYPE: ICF/IID License Exp Dt: 07/01/2017	79416 FAX: SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK
Facility Information: 23RD MANOR 5423 23RD ST LUBBOCK Phone (806) 632-6588 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information:	TX Facility ID:	79407 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 6	ANNADALE MANOR INC. 7614 BAYLOR LUBBOCK TX PHONE: (806) 632-6588 PROGRAM TYPE: ICF/IID License Exp Dt: 07/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD	79416 FAX: SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK D PARTNERSHIP
Facility Information: 23RD MANOR 5423 23RD ST LUBBOCK Phone (806) 632-6588 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: 41ST STREET COMMUNITY H 3615 41ST ST	TX Facility ID:	79407	0 0 0	ICF/IID: 6	ANNADALE MANOR INC. 7614 BAYLOR LUBBOCK TX PHONE: (806) 632-6588 PROGRAM TYPE: ICF/IID License Exp Dt: 07/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED	79416 FAX: SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK
Facility Information: 23RD MANOR 5423 23RD ST LUBBOCK Phone (806) 632-6588 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: 41ST STREET COMMUNITY H 3615 41ST ST LUBBOCK	TX Facility ID:	79407	0 0 0 Reg Svcs:	ICF/IID: 6	ANNADALE MANOR INC. 7614 BAYLOR LUBBOCK TX PHONE: (806) 632-6588 PROGRAM TYPE: ICF/IID License Exp Dt: 07/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD	79416 FAX: SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK D PARTNERSHIP
Facility Information: 23RD MANOR 5423 23RD ST LUBBOCK Phone (806) 632-6588 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: 41ST STREET COMMUNITY H 3615 41ST ST LUBBOCK Phone (806) 894-4902	TX Facility ID:	79407	0 0 0 Reg Svcs: (806) 894-9605	ICF/IID: 6 HIGH PLAINS ICF/MR	ANNADALE MANOR INC. 7614 BAYLOR LUBBOCK TX PHONE: (806) 632-6588 PROGRAM TYPE: ICF/IID License Exp Dt: 07/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY	79416 FAX: SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK D PARTNERSHIP 40223-3808
Facility Information: 23RD MANOR 5423 23RD ST LUBBOCK Phone (806) 632-6588 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: 41ST STREET COMMUNITY H 3615 41ST ST LUBBOCK Phone (806) 894-4902 TOTAL Lic Capacity: 0	TX Facility ID:	79407	0 0 0 Reg Svcs: (806) 894-9605 0	ICF/IID: 6 HIGH PLAINS ICF/MR	ANNADALE MANOR INC. 7614 BAYLOR LUBBOCK TX PHONE: (806) 632-6588 PROGRAM TYPE: ICF/IID License Exp Dt: 07/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100	79416 FAX: SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK D PARTNERSHIP 40223-3808 FAX: (502) 394-2285
Facility Information: 23RD MANOR 5423 23RD ST LUBBOCK Phone (806) 632-6588 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: 41ST STREET COMMUNITY H 3615 41ST ST LUBBOCK Phone (806) 894-4902 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	79407	0 0 0 Reg Svcs: (806) 894-9605 0	ICF/IID: 6 HIGH PLAINS ICF/MR	ANNADALE MANOR INC. 7614 BAYLOR LUBBOCK TX PHONE: (806) 632-6588 PROGRAM TYPE: ICF/IID License Exp Dt: 07/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019	79416 FAX: SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK D PARTNERSHIP 40223-3808 FAX: (502) 394-2285
Facility Information: 23RD MANOR 5423 23RD ST LUBBOCK Phone (806) 632-6588 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: 41ST STREET COMMUNITY H 3615 41ST ST LUBBOCK Phone (806) 894-4902 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	79407	0 0 0 Reg Svcs: (806) 894-9605 0	ICF/IID: 6 HIGH PLAINS ICF/MR ICF/IID: 6	ANNADALE MANOR INC. 7614 BAYLOR LUBBOCK TX PHONE: (806) 632-6588 PROGRAM TYPE: ICF/IID License Exp Dt: 07/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019	79416 FAX: SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
Facility Information: 23RD MANOR 5423 23RD ST LUBBOCK Phone (806) 632-6588 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: 41ST STREET COMMUNITY H 3615 41ST ST LUBBOCK Phone (806) 894-4902 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: 5735 DARTMOUTH DRIVE	Facility ID:	79407	0 0 0 Reg Svcs: (806) 894-9605 0	ICF/IID: 6 HIGH PLAINS ICF/MR ICF/IID: 6	ANNADALE MANOR INC. 7614 BAYLOR LUBBOCK TX PHONE: (806) 632-6588 PROGRAM TYPE: ICF/IID License Exp Dt: 07/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019	79416 FAX: SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
Facility Information: 23RD MANOR 5423 23RD ST LUBBOCK Phone (806) 632-6588 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: 41ST STREET COMMUNITY H 3615 41ST ST LUBBOCK Phone (806) 894-4902 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: 5735 DARTMOUTH DRIVE 5735 DARTMOUTH DR	Facility ID: TX Facility ID:	79407	0 0 0 Reg Svcs: (806) 894-9605 0	ICF/IID: 6 HIGH PLAINS ICF/MR ICF/IID: 6	ANNADALE MANOR INC. 7614 BAYLOR LUBBOCK TX PHONE: (806) 632-6588 PROGRAM TYPE: ICF/IID License Exp Dt: 07/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information CALAB INC 3803 S ROBINSON RD	79416 FAX: SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK
Facility Information: 23RD MANOR 5423 23RD ST LUBBOCK Phone (806) 632-6588 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: 41ST STREET COMMUNITY H 3615 41ST ST LUBBOCK Phone (806) 894-4902 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: 5735 DARTMOUTH DRIVE	Facility ID:	79407	0 0 0 Reg Svcs: (806) 894-9605 0	ICF/IID: 6 HIGH PLAINS ICF/MR ICF/IID: 6	ANNADALE MANOR INC. 7614 BAYLOR LUBBOCK TX PHONE: (806) 632-6588 PROGRAM TYPE: ICF/IID License Exp Dt: 07/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information CALAB INC	79416 FAX: SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
Facility Information: 23RD MANOR 5423 23RD ST LUBBOCK Phone (806) 632-6588 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: 41ST STREET COMMUNITY H 3615 41ST ST LUBBOCK Phone (806) 894-4902 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: 5735 DARTMOUTH DRIVE 5735 DARTMOUTH DR LUBBOCK	Facility ID: TX Facility ID:	79407	0 0 0 Reg Svcs: (806) 894-9605 0 0 Reg Svcs:	ICF/IID: 6 HIGH PLAINS ICF/MR ICF/IID: 6	ANNADALE MANOR INC. 7614 BAYLOR LUBBOCK TX PHONE: (806) 632-6588 PROGRAM TYPE: ICF/IID License Exp Dt: 07/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information CALAB INC 3803 S ROBINSON RD	79416 FAX: SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK
Facility Information: 23RD MANOR 5423 23RD ST LUBBOCK Phone (806) 632-6588 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: 41ST STREET COMMUNITY H 3615 41ST ST LUBBOCK Phone (806) 894-4902 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: 5735 DARTMOUTH DRIVE 5735 DARTMOUTH DR LUBBOCK Phone (806) 793-6608	Facility ID: TX Facility ID:	79407	0 0 0 Reg Svcs: (806) 894-9605 0 0 Reg Svcs:	ICF/IID: 6 HIGH PLAINS ICF/MR ICF/IID: 6 HIGH PLAINS ICF/MR	ANNADALE MANOR INC. 7614 BAYLOR LUBBOCK TX PHONE: (806) 632-6588 PROGRAM TYPE: ICF/IID License Exp Dt: 07/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX	79416 FAX: SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK

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County LUBBOCK			Reg Svcs:	HIGH PLAINS ICF/MR		Region 01 - LUBBOCK
Facility Information:	Facility ID:	003679	3		Owner Information	
5TH STREET COMMUNITY H	OME				EDUCARE COMMUNITY LIVING LIMITE	D PARTNERSHIP
7423 5TH ST		70440 0540			9901 LINN STATION ROAD	
LUBBOCK Phone (806) 894-4902	TX	79416-6519 Fax	(906) 904 0605		LOUISVILLE KY	40223-3808
(3.1.)			(806) 894-9605		PHONE : (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:				CIMICI III IIII
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2019	
County LUBBOCK			Reg Svcs:	HIGH PLAINS ICF/MR		Region 01 - LUBBOCK
Facility Information:	Facility ID:	007447			Owner Information	
6603 DOVER AVENUE 6603 DOVER AVE LUBBOCK	TV	79423			CALAB INC 3803 S ROBINSON RD	
Phone (806) 767-0685	TX	79423 Fax	(806) 767-0687		GRAND PRAIRIE TX	75052-1239
. ,			` '		PHONE : (972) 263-2112	FAX : (972) 263-2115
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:				
PRIVATE Beds: 0		TITLE 18/19:	U		License Exp Dt: 09/01/2017	
County LUBBOCK			Reg Svcs:	HIGH PLAINS ICF/MR		Region 01 - LUBBOCK
Facility Information:	Facility ID:	007448			Owner Information	
7409 RICHMOND AVENUE					CALAB INC	
7409 RICHMOND AVE LUBBOCK	TX	79424			3803 S ROBINSON RD	
Phone (806) 795-8920		Fax	(806) 767-0687		GRAND PRAIRIE TX	75052-1239
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (972) 263-2112	FAX : (972) 263-2115
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Fyn Dt. 00/01/2017	
		111LL 10/19.	U		License Exp Dt: 09/01/2017	
-		111LL 10/13.		HIGH PLAINS ICE/MR	·	Region 01 - LUBBOCK
County LUBBOCK	Facility ID:	003881	Reg Svcs:	HIGH PLAINS ICF/MR		Region 01 - LUBBOCK
-	Facility ID:			HIGH PLAINS ICF/MR	·	·
County LUBBOCK Facility Information: 97TH STREET COMMUNITY F	HOME	003881		HIGH PLAINS ICF/MR	Owner Information	·
County LUBBOCK Facility Information: 97TH STREET COMMUNITY F 2404 97TH ST LUBBOCK	•	003881 79423-4406	Reg Svcs:	HIGH PLAINS ICF/MR	Owner Information EDUCARE COMMUNITY LIVING LIMITE	·
County LUBBOCK Facility Information: 97TH STREET COMMUNITY F 2404 97TH ST LUBBOCK Phone (806) 894-4902	HOME	003881 79423-4406 Fax	Reg Svcs:		Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD	ED PARTNERSHIP 40223-3808
County LUBBOCK Facility Information: 97TH STREET COMMUNITY B 2404 97TH ST LUBBOCK Phone (806) 894-4902 TOTAL Lic Capacity: 0	HOME	003881 79423-4406 Fax TITLE 18:	Reg Svcs: (806) 894-9605	HIGH PLAINS ICF/MR	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285
County LUBBOCK Facility Information: 97TH STREET COMMUNITY FOR STREET COMM	HOME	003881 79423-4406 Fax TITLE 18: TITLE19:	Reg Svcs: (806) 894-9605 0		Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	ED PARTNERSHIP 40223-3808
County LUBBOCK Facility Information: 97TH STREET COMMUNITY H 2404 97TH ST LUBBOCK Phone (806) 894-4902 TOTAL Lic Capacity: 0	HOME	003881 79423-4406 Fax TITLE 18:	Reg Svcs: (806) 894-9605 0		Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285
County LUBBOCK Facility Information: 97TH STREET COMMUNITY FOR STREET COMM	HOME	003881 79423-4406 Fax TITLE 18: TITLE19:	Reg Svcs: (806) 894-9605 0		Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285
County LUBBOCK Facility Information: 97TH STREET COMMUNITY R 2404 97TH ST LUBBOCK Phone (806) 894-4902 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information:	HOME	003881 79423-4406 Fax TITLE 18: TITLE19:	Reg Svcs: (806) 894-9605 0 0	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information	40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
County LUBBOCK Facility Information: 97TH STREET COMMUNITY F 2404 97TH ST LUBBOCK Phone (806) 894-4902 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: AGNES DENT HOMES I	HOME TX	003881 79423-4406 Fax TITLE 18: TITLE19: TITLE 18/19:	Reg Svcs: (806) 894-9605 0 0	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information CONNIE FULBRIGHT	40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
County LUBBOCK Facility Information: 97TH STREET COMMUNITY R 2404 97TH ST LUBBOCK Phone (806) 894-4902 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information:	HOME TX	003881 79423-4406 Fax TITLE 18: TITLE19: TITLE 18/19:	Reg Svcs: (806) 894-9605 0 0	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information CONNIE FULBRIGHT 4805 16TH ST	A0223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK
County LUBBOCK Facility Information: 97TH STREET COMMUNITY F 2404 97TH ST LUBBOCK Phone (806) 894-4902 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: AGNES DENT HOMES I 4805 16TH ST	TX Facility ID:	003881 79423-4406	Reg Svcs: (806) 894-9605 0 0	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information CONNIE FULBRIGHT 4805 16TH ST LUBBOCK TX	40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK
County LUBBOCK Facility Information: 97TH STREET COMMUNITY FOR 2404 97TH ST LUBBOCK Phone (806) 894-4902 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: AGNES DENT HOMES I 4805 16TH ST LUBBOCK	TX Facility ID:	003881 79423-4406	Reg Svcs: (806) 894-9605 0 0 Reg Svcs:	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information CONNIE FULBRIGHT 4805 16TH ST	A0223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK
County LUBBOCK Facility Information: 97TH STREET COMMUNITY F 2404 97TH ST LUBBOCK Phone (806) 894-4902 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: AGNES DENT HOMES I 4805 16TH ST LUBBOCK Phone (806) 797-3660	TX Facility ID:	003881 79423-4406	Reg Svcs: (806) 894-9605 0 0 Reg Svcs:	ICF/IID: 6 HIGH PLAINS ICF/MR	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information CONNIE FULBRIGHT 4805 16TH ST LUBBOCK TX	40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK
County LUBBOCK Facility Information: 97TH STREET COMMUNITY FOR 2404 97TH ST LUBBOCK Phone (806) 894-4902 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: AGNES DENT HOMES I 4805 16TH ST LUBBOCK Phone (806) 797-3660 TOTAL Lic Capacity: 0	TX Facility ID:	003881 79423-4406	Reg Svcs: (806) 894-9605 0 0 Reg Svcs: (806) 797-6681 0 0	ICF/IID: 6 HIGH PLAINS ICF/MR	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information CONNIE FULBRIGHT 4805 16TH ST LUBBOCK TX PHONE: (806) 797-3660	### A0223-3808 ### FAX: (502) 394-2285 **SERVICE TYPE** PRIVATELY OWNED** Region 01 - LUBBOCK ### 79416 ### FAX: (806) 797-6681
County LUBBOCK Facility Information: 97TH STREET COMMUNITY FOR STREET CO	TX Facility ID:	003881 79423-4406	Reg Svcs: (806) 894-9605 0 0 Reg Svcs: (806) 797-6681 0 0	ICF/IID: 6 HIGH PLAINS ICF/MR ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information CONNIE FULBRIGHT 4805 16TH ST LUBBOCK TX PHONE: (806) 797-3660 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018	A0223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK 79416 FAX: (806) 797-6681 SERVICE TYPE PRIVATELY OWNED
County LUBBOCK Facility Information: 97TH STREET COMMUNITY FOR STREET CO	TX Facility ID:	003881 79423-4406	Reg Svcs: (806) 894-9605 0 0 Reg Svcs: (806) 797-6681 0 0	ICF/IID: 6 HIGH PLAINS ICF/MR	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information CONNIE FULBRIGHT 4805 16TH ST LUBBOCK TX PHONE: (806) 797-3660 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018	### A0223-3808 ### FAX: (502) 394-2285 **SERVICE TYPE** PRIVATELY OWNED** Region 01 - LUBBOCK ### 79416 ### FAX: (806) 797-6681
County LUBBOCK Facility Information: 97TH STREET COMMUNITY FOR STREET CO	TX Facility ID:	003881 79423-4406	Reg Svcs: (806) 894-9605 0 0 Reg Svcs: (806) 797-6681 0 0	ICF/IID: 6 HIGH PLAINS ICF/MR ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information CONNIE FULBRIGHT 4805 16TH ST LUBBOCK TX PHONE: (806) 797-3660 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018	A0223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK 79416 FAX: (806) 797-6681 SERVICE TYPE PRIVATELY OWNED
County LUBBOCK Facility Information: 97TH STREET COMMUNITY B 2404 97TH ST LUBBOCK Phone (806) 894-4902 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: AGNES DENT HOMES I 4805 16TH ST LUBBOCK Phone (806) 797-3660 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: B & B SERVICES 5322 22ND ST	TX Facility ID: TX Facility ID:	003881 79423-4406	Reg Svcs: (806) 894-9605 0 0 Reg Svcs: (806) 797-6681 0 0	ICF/IID: 6 HIGH PLAINS ICF/MR ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information CONNIE FULBRIGHT 4805 16TH ST LUBBOCK TX PHONE: (806) 797-3660 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information	A0223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK 79416 FAX: (806) 797-6681 SERVICE TYPE PRIVATELY OWNED
County LUBBOCK Facility Information: 97TH STREET COMMUNITY FOR STREET CO	TX Facility ID:	003881 79423-4406 Fax TITLE 18: TITLE 19: 007201 79416 Fax TITLE 18: TITLE 18: TITLE 19: 007350	Reg Svcs: (806) 894-9605 0 0 Reg Svcs: (806) 797-6681 0 0	ICF/IID: 6 HIGH PLAINS ICF/MR ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information CONNIE FULBRIGHT 4805 16TH ST LUBBOCK TX PHONE: (806) 797-3660 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information BRANDIE FULBRIGHT	A0223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK 79416 FAX: (806) 797-6681 SERVICE TYPE PRIVATELY OWNED
County LUBBOCK Facility Information: 97TH STREET COMMUNITY B 2404 97TH ST LUBBOCK Phone (806) 894-4902 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: AGNES DENT HOMES I 4805 16TH ST LUBBOCK Phone (806) 797-3660 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: B & B SERVICES 5322 22ND ST	TX Facility ID: TX Facility ID:	003881 79423-4406	Reg Svcs: (806) 894-9605 0 0 Reg Svcs: (806) 797-6681 0 0	ICF/IID: 6 HIGH PLAINS ICF/MR ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information CONNIE FULBRIGHT 4805 16TH ST LUBBOCK TX PHONE: (806) 797-3660 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information BRANDIE FULBRIGHT 5322 22ND STREET LUBBOCK TX	### ### ### ### ### ### ### ### ### ##
County LUBBOCK Facility Information: 97TH STREET COMMUNITY FOR STREET CO	TX Facility ID: TX Facility ID:	003881 79423-4406	Reg Svcs: (806) 894-9605 0 0 Reg Svcs: (806) 797-6681 0 0 Reg Svcs:	ICF/IID: 6 HIGH PLAINS ICF/MR ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information CONNIE FULBRIGHT 4805 16TH ST LUBBOCK TX PHONE: (806) 797-3660 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information BRANDIE FULBRIGHT 5322 22ND STREET LUBBOCK TX PHONE: (210) 268-1159	### A0223-3808 ### FAX: (502) 394-2285 **SERVICE TYPE PRIVATELY OWNED** Region 01 - LUBBOCK ### 79416 ### FAX: (806) 797-6681 **SERVICE TYPE PRIVATELY OWNED** Region 01 - LUBBOCK ### 79407 ### FAX: (361) 998-9748
County LUBBOCK Facility Information: 97TH STREET COMMUNITY F 2404 97TH ST LUBBOCK Phone (806) 894-4902 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: AGNES DENT HOMES I 4805 16TH ST LUBBOCK Phone (806) 797-3660 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: B & B SERVICES 5322 22ND ST LUBBOCK Phone (210) 268-7759	TX Facility ID: TX Facility ID:	003881 79423-4406 Fax TITLE 18: TITLE 19: 007201 79416 Fax TITLE 18: TITLE 18: TITLE 19: 007350 79407 Fax	Reg Svcs: (806) 894-9605 0 0 Reg Svcs: (806) 797-6681 0 0 Reg Svcs:	ICF/IID: 6 HIGH PLAINS ICF/MR ICF/IID: 6 HIGH PLAINS ICF/MR	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information CONNIE FULBRIGHT 4805 16TH ST LUBBOCK TX PHONE: (806) 797-3660 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information BRANDIE FULBRIGHT 5322 22ND STREET LUBBOCK TX	### ### ### ### ### ### ### ### ### ##

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County LUBBOCK			Reg Svcs:	HIGH PLAINS ICF/MR		Region 01	- LUBBOCK
Facility Information:	Facility ID:	007334	110g 0100.	THOM E WO TO MIN	Owner Information	rtogion o r	LOBBOOK
CAPROCK	•				ROCK HOUSE SUPPORT SERVICES INC		
6201 LYNNHAVEN DR		70440			2252 LINGLEVILLE ROAD HWY 8		
LUBBOCK Phone (806) 799-1948	TX	79413 Fax	(806) 785-7587		STEPHENVILLE TX	7640	I
(,			,	105/115	PHONE : (254) 968-4004	FAX:	(254) 965-8653
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:					THUMBET OWNED
PRIVATE Beds: 0		TITLE 18/19:	U		License Exp Dt: 10/01/2018		
County LUBBOCK			Reg Svcs:	HIGH PLAINS ICF/MR		Region 01	- LUBBOCK
Facility Information:	Facility ID:	007443			Owner Information		
HOFFMAN HOUSE 3412 85TH ST					WESTVIEW RESIDENTIAL SERVICES INC	;	
LUBBOCK	TX	79423			3104 43RD	70.44	
Phone (806) 795-9632		Fax	(806) 771-7609		LUBBOCK TX	79413	3
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (806) 781-1898	FAX:	(806) 785-4684
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 09/01/2018		
County LUBBOCK			Reg Svcs:	HIGH PLAINS ICF/MR		Region 01	- LUBBOCK
Facility Information:	Facility ID:	003872	Reg Svcs.	HIGH PLAINS ICF/INK	Owner Information	Region 01	- LUBBOOK
JUNEAU COMMUNITY HOME	•	000012			EDUCARE COMMUNITY LIVING LIMITED	PARTNERSHIP	
2502 JUNEAU AVE					9901 LINN STATION ROAD	7 11 (111)	
LUBBOCK	TX	79407			LOUISVILLE KY	40223	3-3808
Phone (806) 894-4902		Fax	(806) 894-9605		PHONE : (502) 394-2100	FAX:	(502) 394-2285
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	,		
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE ITPE	PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2017		
County LUBBOCK			Reg Svcs:	HIGH PLAINS ICF/MR		Region 01	- LUBBOCK
Facility Information:	Facility ID:	003807			Owner Information		
LUBBOCK REGIONAL M H M	R 2 EAST				LUBBOCK REGIONAL M H M R CENTER		
8405 19TH STREET LUBBOCK	TX	79407			1210 TEXAS AVENUE		
Phone (806) 792-1359		Fax	(806) 741-0913		LUBBOCK TX	7940	7
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE:	FAX:	
Cert Alzh Capacity: 0		TITLE 19:		IOI/IID. 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE	GOVERNMENT BASED
PRIVATE Beds: 0		TITLE 18/19:	•		License Exp Dt:		
					·		
County LUBBOCK	E02 IB	000007	Reg Svcs:	HIGH PLAINS ICF/MR		Region 01	- LUBBOCK
Facility Information:	Facility ID:	003697			Owner Information		
LUBBOCK REGIONAL MHMR 3105 29TH ST	υ				LUBBOCK REGIONAL M H M R CENTER		
LUBBOCK	TX	79410			1210 TEXAS AVENUE LUBBOCK TX	7940	7
Phone (806) 795-0523		Fax	(806) 766-0340				
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE:	FAX:	
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE	GOVERNMENT BASED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt:		
County LUBBOCK			Reg Svcs:	HIGH PLAINS ICF/MR		Region 01	- LUBBOCK
Facility Information:	Facility ID:	003704	•		Owner Information		
LUBBOCK REGIONAL MHMR	CENTER 1 30	THST			LUBBOCK REGIONAL M H M R CENTER		
1711 30TH ST	TV	70408			1210 TEXAS AVENUE		
LUBBOCK Phone (806) 799-1998	TX	79408 Fax			LUBBOCK TX	7940	7
• •			٥	ICE/IID. 6	PHONE:	FAX:	
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0		TITLE 18: TITLE19:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE	GOVERNMENT BASED
Gert Aizii Gapacity: 0		IIILE19:	U				
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt:		

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County LUBBOCK			Reg Svcs:	HIGH PLAINS ICF/MR		Region 01 - LUBBOCK
Facility Information:	Facility ID:	007654	-		Owner Information	-
LUBBOCK REGIONAL MHMR	CENTER 3 CE	NTRAL			LUBBOCK REGIONAL M H M R CENTER	
6302 34TH ST LUBBOCK	TX	79407			1210 TEXAS AVENUE	
Phone (806) 791-5408	17	Fax			LUBBOCK TX	79407
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE:	FAX:
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt:	
County LUBBOCK			Reg Svcs:	HIGH PLAINS ICF/MR		Region 01 - LUBBOCK
Facility Information:	Facility ID:	007107	Ü		Owner Information	•
LUBBOCK STATE SUPPORTE	ED LIVING CEN	NTER			DADS	
3401 N UNIVERSITY AVE LUBBOCK	TX	79415			PO BOX 12668	
Phone (806) 763-7041		Fax			AUSTIN TX	78711
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 436	PHONE : (512) 454-3761	FAX:
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE STATE SCHOOL/STATE
						CENTER
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt:	
County LUBBOCK			Reg Svcs:	HIGH PLAINS ICF/MR		Region 01 - LUBBOCK
Facility Information:	Facility ID:	003917			Owner Information	
MOSAIC 3425 GRINNELL					MOSAIC	
LUBBOCK	TX	79415			428 ST ANDREWS DR	
Phone (806) 794-9334		Fax	(806) 794-9337		ALLEN TX	75002
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (469) 675-1561	FAX : (469) 675-1562
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2017	
County LUBBOCK			Reg Svcs:	HIGH PLAINS ICF/MR		Region 01 - LUBBOCK
County LUBBOCK Facility Information:	Facility ID:	007591	Reg Svcs:	HIGH PLAINS ICF/MR	Owner Information	Region 01 - LUBBOCK
Facility Information: MOSAIC	Facility ID:	007591	Reg Svcs:	HIGH PLAINS ICF/MR		Region 01 - LUBBOCK
Facility Information: MOSAIC 3419 54TH ST	·		Reg Svcs:	HIGH PLAINS ICF/MR	Owner Information MOSAIC 428 ST ANDREWS DR	·
Facility Information: MOSAIC	Facility ID:	007591 79412 Fax	Reg Svcs: (806) 794-9337	HIGH PLAINS ICF/MR	Owner Information MOSAIC	Region 01 - LUBBOCK 75002
Facility Information: MOSAIC 3419 54TH ST LUBBOCK Phone (806) 794-9334	·	79412	(806) 794-9337	HIGH PLAINS ICF/MR	Owner Information MOSAIC 428 ST ANDREWS DR	·
Facility Information: MOSAIC 3419 54TH ST LUBBOCK	·	79412 Fax	(806) 794-9337 0		Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX	75002
Facility Information: MOSAIC 3419 54TH ST LUBBOCK Phone (806) 794-9334 TOTAL Lic Capacity: 0	·	79412 Fax TITLE 18:	(806) 794-9337 0		Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561	75002 FAX: (469) 675-1562
Facility Information: MOSAIC 3419 54TH ST LUBBOCK Phone (806) 794-9334 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	79412 Fax TITLE 18: TITLE19:	(806) 794-9337 0 0	ICF/IID: 6	Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED
Facility Information: MOSAIC 3419 54TH ST LUBBOCK Phone (806) 794-9334 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	79412 Fax TITLE 18: TITLE19:	(806) 794-9337 0		Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	75002 FAX: (469) 675-1562
Facility Information: MOSAIC 3419 54TH ST LUBBOCK Phone (806) 794-9334 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK	тх	79412 Fax TITLE 18: TITLE19: TITLE 18/19:	(806) 794-9337 0 0	ICF/IID: 6	Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED
Facility Information: MOSAIC 3419 54TH ST LUBBOCK Phone (806) 794-9334 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: MOSAIC 5814 6TH ST	TX Facility ID:	79412	(806) 794-9337 0 0	ICF/IID: 6	Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED
Facility Information: MOSAIC 3419 54TH ST LUBBOCK Phone (806) 794-9334 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: MOSAIC 5814 6TH ST LUBBOCK	тх	79412	(806) 794-9337 0 0 0 Reg Svcs:	ICF/IID: 6	Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED
Facility Information: MOSAIC 3419 54TH ST LUBBOCK Phone (806) 794-9334 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: MOSAIC 5814 6TH ST LUBBOCK Phone (806) 794-9334	TX Facility ID:	79412	(806) 794-9337 0 0 0 Reg Svcs:	ICF/IID: 6 HIGH PLAINS ICF/MR	MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK
Facility Information: MOSAIC 3419 54TH ST LUBBOCK Phone (806) 794-9334 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: MOSAIC 5814 6TH ST LUBBOCK Phone (806) 794-9334 TOTAL Lic Capacity: 0	TX Facility ID:	79412	(806) 794-9337 0 0 0 Reg Svcs:	ICF/IID: 6	Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK 75002
Facility Information: MOSAIC 3419 54TH ST LUBBOCK Phone (806) 794-9334 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: MOSAIC 5814 6TH ST LUBBOCK Phone (806) 794-9334	TX Facility ID:	79412	(806) 794-9337 0 0 0 Reg Svcs: (806) 794-9337 0	ICF/IID: 6 HIGH PLAINS ICF/MR	Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK 75002 FAX: (469) 675-1562
Facility Information: MOSAIC 3419 54TH ST LUBBOCK Phone (806) 794-9334 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: MOSAIC 5814 6TH ST LUBBOCK Phone (806) 794-9334 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	79412	(806) 794-9337 0 0 0 Reg Svcs: (806) 794-9337 0 0	ICF/IID: 6 HIGH PLAINS ICF/MR	Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK 75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED
Facility Information: MOSAIC 3419 54TH ST LUBBOCK Phone (806) 794-9334 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: MOSAIC 5814 6TH ST LUBBOCK Phone (806) 794-9334 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK	TX Facility ID:	79412	(806) 794-9337 0 0 0 Reg Svcs: (806) 794-9337 0	ICF/IID: 6 HIGH PLAINS ICF/MR	Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK 75002 FAX: (469) 675-1562
Facility Information: MOSAIC 3419 54TH ST LUBBOCK Phone (806) 794-9334 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: MOSAIC 5814 6TH ST LUBBOCK Phone (806) 794-9334 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information:	TX Facility ID:	79412	(806) 794-9337 0 0 0 Reg Svcs: (806) 794-9337 0 0	ICF/IID: 6 HIGH PLAINS ICF/MR	Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK 75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED
Facility Information: MOSAIC 3419 54TH ST LUBBOCK Phone (806) 794-9334 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: MOSAIC 5814 6TH ST LUBBOCK Phone (806) 794-9334 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Phone (806) 794-9334 TOTAL Lic Capacity: 0 County LUBBOCK Facility Information: ANNADALE MANOR INC. 10702 COUNTY RD 1300	TX Facility ID: TX Facility ID:	79412	(806) 794-9337 0 0 0 Reg Svcs: (806) 794-9337 0 0	ICF/IID: 6 HIGH PLAINS ICF/MR	Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK 75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED
Facility Information: MOSAIC 3419 54TH ST LUBBOCK Phone (806) 794-9334 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: MOSAIC 5814 6TH ST LUBBOCK Phone (806) 794-9334 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: ANADALE MANOR INC. 10702 COUNTY RD 1300 WOLFFORTH	TX Facility ID:	79412	(806) 794-9337 0 0 0 Reg Svcs: (806) 794-9337 0 0 0	ICF/IID: 6 HIGH PLAINS ICF/MR	Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information ANNADALE MANOR INC.	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK 75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED
Facility Information: MOSAIC 3419 54TH ST LUBBOCK Phone (806) 794-9334 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: MOSAIC 5814 6TH ST LUBBOCK Phone (806) 794-9334 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: ANADALE MANOR INC. 10702 COUNTY RD 1300 WOLFFORTH Phone (806) 866-9186	TX Facility ID: TX Facility ID:	79412	(806) 794-9337 0 0 0 Reg Svcs: (806) 794-9337 0 0 0 Reg Svcs:	ICF/IID: 6 HIGH PLAINS ICF/MR ICF/IID: 6 HIGH PLAINS ICF/MR	Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information ANADALE MANOR INC. 7614 BAYLOR LUBBOCK TX	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK 75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK
Facility Information: MOSAIC 3419 54TH ST LUBBOCK Phone (806) 794-9334 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: MOSAIC 5814 6TH ST LUBBOCK Phone (806) 794-9334 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: ANADAL Lic Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: ANNADALE MANOR INC. 10702 COUNTY RD 1300 WOLFFORTH Phone (806) 866-9186 TOTAL Lic Capacity: 0	TX Facility ID: TX Facility ID:	79412	(806) 794-9337 0 0 0 Reg Svcs: (806) 794-9337 0 0 0 Reg Svcs:	ICF/IID: 6 HIGH PLAINS ICF/MR	Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information ANNADALE MANOR INC. 7614 BAYLOR LUBBOCK TX PHONE: (806) 632-6588	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK 75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK
Facility Information: MOSAIC 3419 54TH ST LUBBOCK Phone (806) 794-9334 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: MOSAIC 5814 6TH ST LUBBOCK Phone (806) 794-9334 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County LUBBOCK Facility Information: ANADALE MANOR INC. 10702 COUNTY RD 1300 WOLFFORTH Phone (806) 866-9186	TX Facility ID: TX Facility ID:	79412	(806) 794-9337 0 0 0 Reg Svcs: (806) 794-9337 0 0 0 Reg Svcs:	ICF/IID: 6 HIGH PLAINS ICF/MR ICF/IID: 6 HIGH PLAINS ICF/MR	Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information ANADALE MANOR INC. 7614 BAYLOR LUBBOCK TX	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK 75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK

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County MADISON			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	007557	•	,	Owner Information	· ·
MOSAIC					MOSAIC	
103 E VISER MADISONVILLE	TX	77864			428 ST ANDREWS DR	
Phone (979) 823-7622	17	Fax	(979) 775-5733		ALLEN TX	75002
(1-1)		TITLE 18:	•	ICF/IID: 6	PHONE : (469) 675-1561	FAX: (469) 675-1562
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0		TITLE 10:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 01/01/2017	
-		11122 10/13.	0		01/01/2017	
County MCLENNAN	E 111 IB		Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	003826			Owner Information	FNTED
NORTHWEST WACO LIVING R 2323 N 39TH ST	ESIDENCE				HEART OF TEXAS REGIONAL MHMR C	ENTER
WACO	TX	76708			110 S 12TH ST WACO TX	76703
Phone (254) 752-7230		Fax	(254) 752-1931			
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 8	PHONE:	FAX:
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt:	
County MCLENNAN			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	007628	•	, , ,	Owner Information	-
WEST WARD GROUP HOME					HEART OF TEXAS REGIONAL MHMR C	ENTER
108 WEST WARD WACO	TX	76706			110 S 12TH ST	
Phone (254) 662-6144	1.4	Fax			WACO TX	76703
• •			0	ICF/IID: 6	PHONE:	FAX:
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0		TITLE 18: TITLE19:		ICF/IID: 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
Gert Alzir Gapacity.		IIILL 13.	U			
PRIVATE Beds: 0		TITI F 18/19·	0		License Exp Dt:	
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt:	
County MEDINA			0 Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
County MEDINA Facility Information:	Facility ID:	TITLE 18/19: 007327		TEAM ICF-IID	Owner Information	Ü
County MEDINA	-			TEAM ICF-IID	Owner Information EDUCARE COMMUNITY LIVING LIMITE	Ü
County MEDINA Facility Information: 28TH STREET COMMUNITY HO	-			TEAM ICF-IID	Owner Information EDUCARE COMMUNITY LIVING LIMITER 9901 LINN STATION ROAD	D PARTNERSHIP
County MEDINA Facility Information: 28TH STREET COMMUNITY HO 1506 28TH ST	OME	007327		TEAM ICF-IID	Owner Information EDUCARE COMMUNITY LIVING LIMITER 9901 LINN STATION ROAD LOUISVILLE KY	D PARTNERSHIP 40223-3808
County MEDINA Facility Information: 28TH STREET COMMUNITY HO 1506 28TH ST HONDO	OME	007327 78861-3208	Reg Svcs:	TEAM ICF-IID ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285
County MEDINA Facility Information: 28TH STREET COMMUNITY HO 1506 28TH ST HONDO Phone (830) 741-4624	OME	007327 78861-3208 Fax	Reg Svcs:		Owner Information EDUCARE COMMUNITY LIVING LIMITER 9901 LINN STATION ROAD LOUISVILLE KY	D PARTNERSHIP 40223-3808
County MEDINA Facility Information: 28TH STREET COMMUNITY HO 1506 28TH ST HONDO Phone (830) 741-4624 TOTAL Lic Capacity: 0	OME	007327 78861-3208 Fax TITLE 18:	Reg Svcs: 0 0	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285
County MEDINA Facility Information: 28TH STREET COMMUNITY HO 1506 28TH ST HONDO Phone (830) 741-4624 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	OME	007327 78861-3208 Fax TITLE 18: TITLE19:	Reg Svcs: 0 0	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285
County MEDINA Facility Information: 28TH STREET COMMUNITY HO 1506 28TH ST HONDO Phone (830) 741-4624 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	OME	007327 78861-3208 Fax TITLE 18: TITLE19:	Reg Svcs: 0 0 0	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
County MEDINA Facility Information: 28TH STREET COMMUNITY HO 1506 28TH ST HONDO Phone (830) 741-4624 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MIDLAND Facility Information: BARNEY GREATHOUSE MEMO	TX Facility ID:	007327 78861-3208 Fax TITLE 18: TITLE 19: TITLE 18/19:	Reg Svcs: 0 0 0	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
County MEDINA Facility Information: 28TH STREET COMMUNITY HO 1506 28TH ST HONDO Phone (830) 741-4624 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MIDLAND Facility Information: BARNEY GREATHOUSE MEMO 3005 W GOLFCOURSE RD	TX Facility ID: DRIAL HOME	007327 78861-3208 Fax TITLE 18: TITLE 19: TITLE 18/19:	Reg Svcs: 0 0 0	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
County MEDINA Facility Information: 28TH STREET COMMUNITY HO 1506 28TH ST HONDO Phone (830) 741-4624 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MIDLAND Facility Information: BARNEY GREATHOUSE MEMO 3005 W GOLFCOURSE RD MIDLAND	TX Facility ID:	007327 78861-3208	Reg Svcs: 0 0 0 Reg Svcs:	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information MARC INC	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
County MEDINA Facility Information: 28TH STREET COMMUNITY HO 1506 28TH ST HONDO Phone (830) 741-4624 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MIDLAND Facility Information: BARNEY GREATHOUSE MEMO 3005 W GOLFCOURSE RD MIDLAND Phone (432) 695-9028	TX Facility ID: DRIAL HOME	007327 78861-3208 Fax TITLE 18: TITLE 19: TITLE 18/19: 003959 79701 Fax	Reg Svcs: 0 0 0 Reg Svcs:	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITER 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information MARC INC 2701 NORTH A ST	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE
County MEDINA Facility Information: 28TH STREET COMMUNITY HO 1506 28TH ST HONDO Phone (830) 741-4624 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MIDLAND Facility Information: BARNEY GREATHOUSE MEMO 3005 W GOLFCOURSE RD MIDLAND Phone (432) 695-9028 TOTAL Lic Capacity: 0	TX Facility ID: DRIAL HOME	007327 78861-3208 Fax TITLE 18: TITLE 18/19: 003959 79701 Fax TITLE 18:	Reg Svcs: 0 0 0 Reg Svcs: (432) 695-9909 0	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information MARC INC 2701 NORTH A ST MIDLAND TX	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE
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County MIDLAND			Dog Cypo:	ICE/IID		Pagian 00 APILENE
County MIDLAND Facility Information:	Facility ID:	003984	Reg Svcs:	ICF/IID	Owner Information	Region 09 - ABILENE
LINDORA WAY	r actiffy ID.	003304			MARC INC	
2000 LINDORA WAY					2701 NORTH A ST	
MIDLAND	TX	79707			MIDLAND TX	79705
Phone (432) 695-9035		Fax	(432) 695-9909		PHONE : (432) 695-9901	FAX:
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PROGRAM TYPE: CF/ D	
Cert Alzh Capacity: 0		TITLE19:				SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 12/13/2017	
County MIDLAND			Reg Svcs:	ICF/IID		Region 09 - ABILENE
Facility Information:	Facility ID:	003819			Owner Information	
MARCWOOD ONE					MARC INC	
2801 NORTH A ST MIDLAND	TX	79705			2701 NORTH A ST	
Phone (432) 695-9901		Fax	(432) 695-9909		MIDLAND TX	79705
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 13	PHONE : (432) 695-9901	FAX:
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 11/01/2017	
O I MIDI AND				IOE/IID	·	D : 00 ADUENE
County MIDLAND	Facility ID:	003787	Reg Svcs:	ICF/IID	Owner Information	Region 09 - ABILENE
Facility Information: MARCWOOD TWO	i acinty iD.	003/0/			MARC INC	
2901 NORTH A ST					2701 NORTH A ST	
MIDLAND	TX	79705			MIDLAND TX	79705
Phone (432) 695-9901		Fax	(432) 695-9909		PHONE : (432) 695-9901	FAX:
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 13	() ,	
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 11/01/2017	
County MIDLAND			Reg Svcs:	ICF/IID		Region 09 - ABILENE
County MIDLAND Facility Information:	Facility ID:	007243	Reg Svcs:	ICF/IID	Owner Information	Region 09 - ABILENE
Facility Information: ROCK HOUSE MICHIGAN	Facility ID:	007243	Reg Svcs:	ICF/IID	Owner Information ROCK HOUSE SUPPORT SERVICES INC	v
Facility Information:	Facility ID:	007243 79701	Reg Svcs:	ICF/IID	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8	
Facility Information: ROCK HOUSE MICHIGAN 811 W MICHIGAN	·		Reg Svcs: (432) 685-6167	ICF/IID	ROCK HOUSE SUPPORT SERVICES INC	v
Facility Information: ROCK HOUSE MICHIGAN 811 W MICHIGAN MIDLAND Phone (432) 682-1424	·	79701	(432) 685-6167	ICF/IID	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8	
Facility Information: ROCK HOUSE MICHIGAN 811 W MICHIGAN MIDLAND	·	79701 Fax	(432) 685-6167 0		ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX	76401
Facility Information: ROCK HOUSE MICHIGAN 811 W MICHIGAN MIDLAND Phone (432) 682-1424 TOTAL Lic Capacity: 0	·	79701 Fax TITLE 18:	(432) 685-6167 0		ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004	76401 FAX: (254) 965-8653
Facility Information: ROCK HOUSE MICHIGAN 811 W MICHIGAN MIDLAND Phone (432) 682-1424 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	79701 Fax TITLE 18: TITLE19:	(432) 685-6167 0 0	ICF/IID: 6	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID	76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED
Facility Information: ROCK HOUSE MICHIGAN 811 W MICHIGAN MIDLAND Phone (432) 682-1424 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MIDLAND	тх	79701 Fax TITLE 18: TITLE19: TITLE 18/19:	(432) 685-6167 0		ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2016	76401 FAX: (254) 965-8653
Facility Information: ROCK HOUSE MICHIGAN 811 W MICHIGAN MIDLAND Phone (432) 682-1424 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	79701 Fax TITLE 18: TITLE19:	(432) 685-6167 0 0	ICF/IID: 6	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID	76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE
Facility Information: ROCK HOUSE MICHIGAN 811 W MICHIGAN MIDLAND Phone (432) 682-1424 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MIDLAND Facility Information: ROCK HOUSE SPENCE 4403 SPENCE	TX Facility ID:	79701	(432) 685-6167 0 0	ICF/IID: 6	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2016 Owner Information	76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE
Facility Information: ROCK HOUSE MICHIGAN 811 W MICHIGAN MIDLAND Phone (432) 682-1424 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MIDLAND Facility Information: ROCK HOUSE SPENCE 4403 SPENCE MIDLAND	тх	79701	(432) 685-6167 0 0 0 Reg Svcs:	ICF/IID: 6	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2016 Owner Information ROCK HOUSE SUPPORT SERVICES INC	76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE
Facility Information: ROCK HOUSE MICHIGAN 811 W MICHIGAN MIDLAND Phone (432) 682-1424 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MIDLAND Facility Information: ROCK HOUSE SPENCE 4403 SPENCE MIDLAND Phone (432) 699-4128	TX Facility ID:	79701	(432) 685-6167 0 0 0 Reg Svcs:	ICF/IID: 6	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2016 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8	76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE
Facility Information: ROCK HOUSE MICHIGAN 811 W MICHIGAN MIDLAND Phone (432) 682-1424 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MIDLAND Facility Information: ROCK HOUSE SPENCE 4403 SPENCE MIDLAND Phone (432) 699-4128 TOTAL Lic Capacity: 0	TX Facility ID:	79701	(432) 685-6167 0 0 0 Reg Svcs: (432) 682-6167	ICF/IID: 6	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2016 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004	76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE 76401 FAX: (254) 965-8653
Facility Information: ROCK HOUSE MICHIGAN 811 W MICHIGAN MIDLAND Phone (432) 682-1424 TOTAL Lic Capacity: 0	TX Facility ID:	79701	(432) 685-6167 0 0 0 Reg Svcs: (432) 682-6167 0	ICF/IID: 6	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2016 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID	76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE 76401
Facility Information: ROCK HOUSE MICHIGAN 811 W MICHIGAN MIDLAND Phone (432) 682-1424 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MIDLAND Facility Information: ROCK HOUSE SPENCE 4403 SPENCE MIDLAND Phone (432) 699-4128 TOTAL Lic Capacity: 0	TX Facility ID:	79701	(432) 685-6167 0 0 0 Reg Svcs: (432) 682-6167 0	ICF/IID: 6	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2016 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004	76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE 76401 FAX: (254) 965-8653
Facility Information: ROCK HOUSE MICHIGAN 811 W MICHIGAN MIDLAND Phone (432) 682-1424 TOTAL Lic Capacity: 0	TX Facility ID:	79701	(432) 685-6167 0 0 0 Reg Svcs: (432) 682-6167 0	ICF/IID: 6	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2016 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID	76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE 76401 FAX: (254) 965-8653
Facility Information: ROCK HOUSE MICHIGAN 811 W MICHIGAN MIDLAND Phone (432) 682-1424 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MIDLAND Facility Information: ROCK HOUSE SPENCE 4403 SPENCE MIDLAND Phone (432) 699-4128 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MIDLAND Facility Information:	TX Facility ID:	79701	(432) 685-6167 0 0 Reg Svcs: (432) 682-6167 0 0	ICF/IID: 6 ICF/IID	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2016 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information	76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE 76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE
Facility Information: ROCK HOUSE MICHIGAN 811 W MICHIGAN MIDLAND Phone (432) 682-1424 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MIDLAND Facility Information: ROCK HOUSE SPENCE 4403 SPENCE MIDLAND Phone (432) 699-4128 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MIDLAND Facility Information: ROCK HOUSE TRAIL	TX Facility ID:	79701	(432) 685-6167 0 0 Reg Svcs: (432) 682-6167 0 0	ICF/IID: 6 ICF/IID	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2016 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INC	76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE 76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE
Facility Information: ROCK HOUSE MICHIGAN 811 W MICHIGAN MIDLAND Phone (432) 682-1424 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MIDLAND Facility Information: ROCK HOUSE SPENCE 4403 SPENCE MIDLAND Phone (432) 699-4128 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MIDLAND Facility Information:	TX Facility ID:	79701	(432) 685-6167 0 0 Reg Svcs: (432) 682-6167 0 0	ICF/IID: 6 ICF/IID	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2016 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8	76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE 76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE
Facility Information: ROCK HOUSE MICHIGAN 811 W MICHIGAN MIDLAND Phone (432) 682-1424 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MIDLAND Facility Information: ROCK HOUSE SPENCE 4403 SPENCE MIDLAND Phone (432) 699-4128 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MIDLAND Facility Information: ROCK HOUSE TRAIL 2806 ARROWHEAD TRAILS	TX Facility ID: TX Facility ID:	79701	(432) 685-6167 0 0 Reg Svcs: (432) 682-6167 0 0	ICF/IID: 6 ICF/IID	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2016 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX	76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE 76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE
Facility Information: ROCK HOUSE MICHIGAN 811 W MICHIGAN MIDLAND Phone (432) 682-1424 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MIDLAND Facility Information: ROCK HOUSE SPENCE 4403 SPENCE MIDLAND Phone (432) 699-4128 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MIDLAND Facility Information: ROCK HOUSE TRAIL 2806 ARROWHEAD TRAILS MIDLAND	TX Facility ID: TX Facility ID:	79701	(432) 685-6167 0 0 Reg Svcs: (432) 682-6167 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2016 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8	76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE 76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE
Facility Information: ROCK HOUSE MICHIGAN 811 W MICHIGAN MIDLAND Phone (432) 682-1424 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MIDLAND Facility Information: ROCK HOUSE SPENCE 4403 SPENCE MIDLAND Phone (432) 699-4128 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MIDLAND Facility Information: ROCK HOUSE TRAIL 2806 ARROWHEAD TRAILS MIDLAND Phone (432) 694-8351	TX Facility ID: TX Facility ID:	79701	(432) 685-6167 0 0 Reg Svcs: (432) 682-6167 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID: 6 ICF/IID: 1	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2016 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX	76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE 76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE
Facility Information: ROCK HOUSE MICHIGAN 811 W MICHIGAN MIDLAND Phone (432) 682-1424 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MIDLAND Facility Information: ROCK HOUSE SPENCE 4403 SPENCE MIDLAND Phone (432) 699-4128 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MIDLAND Facility Information: ROCK HOUSE TRAIL 2806 ARROWHEAD TRAILS MIDLAND Phone (432) 694-8351 TOTAL Lic Capacity: 0	TX Facility ID: TX Facility ID:	79701	(432) 685-6167 0 0 0 Reg Svcs: (432) 682-6167 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID: 6 ICF/IID: 1	ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2016 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004	76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE 76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE 76401 FAX: (254) 965-8653

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County MIDLAND			Reg Svcs:	ICF/IID		Region (09 - ABILENE
Facility Information:	Facility ID:	003657	-		Owner Information	-	
ROCK HOUSE TREVINO					ROCK HOUSE SUPPORT SERVICES INC		
4314 TREVINO MIDLAND	TX	79705			2252 LINGLEVILLE ROAD HWY 8		
Phone (432) 685-5057		Fax	(432) 682-6167		STEPHENVILLE TX	764	401
TOTAL Lic Capacity: 0		TITLE 18:	` '	ICF/IID: 6	PHONE : (254) 968-4004	FAX:	(254) 965-8653
Cert Alzh Capacity: 0		TITLE19:		10171151 0	PROGRAM TYPE: ICF/IID	SERVICE TYP	E PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 10/01/2018		
County MIDLAND			Pag Cypo:	ICE/IID		Pagion /	00 ADII ENE
County MIDLAND Facility Information:	Facility ID:	003985	Reg Svcs:	ICF/IID	Owner Information	Region (09 - ABILENE
SAINT ANDREWS	,	00000			MARC INC		
4512 SAINT ANDREWS		70707			2701 NORTH A ST		
MIDLAND (432) 695-9920	TX	79707 Fax	(432) 695-9909		MIDLAND TX	79	705
,			` '	IOS/UD O	PHONE : (432) 695-9901	FAX:	
TOTAL Lic Capacity: 0		TITLE 18: TITLE19:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYP	E PRIVATELY OWNED
Cert Alzh Capacity: 0 PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 12/13/2017		
-		111LE 10/19:	U		License Exp Dt: 12/13/2017		
County MIDLAND			Reg Svcs:	ICF/IID		Region (09 - ABILENE
Facility Information:	Facility ID:	007612			Owner Information		
WEST ROCK 708 DEVONIAN					ROCK HOUSE SUPPORT SERVICES INC		
MIDLAND	TX	79703			2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX	764	101
Phone (432) 697-8320		Fax	(432) 682-6167				
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (254) 968-4004	FAX:	(254) 965-8653
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYP	E PRIVATELY OWNED
PRIVATE Beds: 0			_				
FRIVATE Beus. 0		TITLE 18/19:	0		License Exp Dt: 10/01/2016		
County MILLS		TITLE 18/19:	0 Reg Svcs:	IID (AUSTIN REGION	·	Region (07 - AUSTIN
	Facility ID:	007625		IID (AUSTIN REGION	·	Region ()7 - AUSTIN
County MILLS Facility Information: JOHNSON HOMES	Facility ID:			IID (AUSTIN REGION)	Region ()7 - AUSTIN
County MILLS Facility Information:	Facility ID:			IID (AUSTIN REGION	Owner Information TDAF LLC PO BOX 27	v	
County MILLS Facility Information: JOHNSON HOMES 210 CR 112	·	007625		IID (AUSTIN REGION	Owner Information TDAF LLC	v)7 - AUSTIN 344
County MILLS Facility Information: JOHNSON HOMES 210 CR 112 GOLDTHWAITE Phone (325) 985-3544	·	007625 76844	Reg Svcs:	IID (AUSTIN REGION	Owner Information TDAF LLC PO BOX 27	v	
County MILLS Facility Information: JOHNSON HOMES 210 CR 112 GOLDTHWAITE	·	007625 76844 Fax	Reg Svcs: (325) 985-3575 0	·	Owner Information TDAF LLC PO BOX 27 GOLDTHWAITE TX	76i FAX :	344
County MILLS Facility Information: JOHNSON HOMES 210 CR 112 GOLDTHWAITE Phone (325) 985-3544 TOTAL Lic Capacity: 0	·	007625 76844 Fax TITLE 18:	Reg Svcs: (325) 985-3575 0	·	Owner Information TDAF LLC PO BOX 27 GOLDTHWAITE TX PHONE: (325) 985-3544	76i FAX :	344 (325) 985-3575
County MILLS Facility Information: JOHNSON HOMES 210 CR 112 GOLDTHWAITE Phone (325) 985-3544 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	007625 76844 Fax TITLE 18: TITLE19:	Reg Svcs: (325) 985-3575 0 0	ICF/IID: 6	Owner Information TDAF LLC PO BOX 27 GOLDTHWAITE TX PHONE: (325) 985-3544 PROGRAM TYPE: ICF/IID	760 FAX: SERVICE TYP	344 (325) 985-3575 E PRIVATELY OWNED
County MILLS Facility Information: JOHNSON HOMES 210 CR 112 GOLDTHWAITE Phone (325) 985-3544 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	тх	007625 76844 Fax TITLE 18: TITLE19:	Reg Svcs: (325) 985-3575 0	·	Owner Information TDAF LLC PO BOX 27 GOLDTHWAITE TX PHONE: (325) 985-3544 PROGRAM TYPE: ICF/IID	760 FAX: SERVICE TYP	344 (325) 985-3575
County MILLS Facility Information: JOHNSON HOMES 210 CR 112 GOLDTHWAITE Phone (325) 985-3544 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MONTGOMERY	·	007625 76844 Fax TITLE 18: TITLE19: TITLE 18/19:	Reg Svcs: (325) 985-3575 0 0	ICF/IID: 6	Owner Information TDAF LLC PO BOX 27 GOLDTHWAITE TX PHONE: (325) 985-3544 PROGRAM TYPE: ICF/IID License Exp Dt: 04/10/2018	760 FAX: SERVICE TYP	344 (325) 985-3575 E PRIVATELY OWNED
County MILLS Facility Information: JOHNSON HOMES 210 CR 112 GOLDTHWAITE Phone (325) 985-3544 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MONTGOMERY Facility Information: NORTH THOMPSON HOUSE 2223 N THOMPSON ST	TX Facility ID:	007625 76844 Fax TITLE 18: TITLE 19: TITLE 18/19:	Reg Svcs: (325) 985-3575 0 0	ICF/IID: 6	Owner Information TDAF LLC PO BOX 27 GOLDTHWAITE TX PHONE: (325) 985-3544 PROGRAM TYPE: ICF/IID License Exp Dt: 04/10/2018 Owner Information	760 FAX: SERVICE TYP	344 (325) 985-3575 E PRIVATELY OWNED
County MILLS Facility Information: JOHNSON HOMES 210 CR 112 GOLDTHWAITE Phone (325) 985-3544 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MONTGOMERY Facility Information: NORTH THOMPSON HOUSE 2223 N THOMPSON ST CONROE	тх	007625 76844 Fax TITLE 18: TITLE 19: TITLE 18/19: 003882 77303	Reg Svcs: (325) 985-3575 0 0	ICF/IID: 6	Owner Information TDAF LLC PO BOX 27 GOLDTHWAITE TX PHONE: (325) 985-3544 PROGRAM TYPE: ICF/IID License Exp Dt: 04/10/2018 Owner Information TRI COUNTY MHMR SERVICES	76/ FAX: SERVICE TYP Region (344 (325) 985-3575 E PRIVATELY OWNED
County MILLS Facility Information: JOHNSON HOMES 210 CR 112 GOLDTHWAITE Phone (325) 985-3544 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MONTGOMERY Facility Information: NORTH THOMPSON HOUSE 2223 N THOMPSON ST CONROE Phone (713) 760-3660	TX Facility ID:	007625 76844 Fax TITLE 18: TITLE 18/19: 003882 77303 Fax	Reg Svcs: (325) 985-3575 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR)	Owner Information TDAF LLC PO BOX 27 GOLDTHWAITE TX PHONE: (325) 985-3544 PROGRAM TYPE: ICF/IID License Exp Dt: 04/10/2018 Owner Information TRI COUNTY MHMR SERVICES PO BOX 3067	76/ FAX: SERVICE TYP Region (344 (325) 985-3575 E PRIVATELY OWNED
County MILLS Facility Information: JOHNSON HOMES 210 CR 112 GOLDTHWAITE Phone (325) 985-3544 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MONTGOMERY Facility Information: NORTH THOMPSON HOUSE 2223 N THOMPSON ST CONROE Phone (713) 760-3660 TOTAL Lic Capacity: 0	TX Facility ID:	007625 76844 Fax TITLE 18: TITLE 19: 003882 77303 Fax TITLE 18:	Reg Svcs: (325) 985-3575 0 0 Reg Svcs:	ICF/IID: 6	Owner Information TDAF LLC PO BOX 27 GOLDTHWAITE TX PHONE: (325) 985-3544 PROGRAM TYPE: ICF/IID License Exp Dt: 04/10/2018 Owner Information TRI COUNTY MHMR SERVICES PO BOX 3067 CONROE TX	76/ FAX: SERVICE TYP Region (344 (325) 985-3575 E PRIVATELY OWNED
County MILLS Facility Information: JOHNSON HOMES 210 CR 112 GOLDTHWAITE Phone (325) 985-3544 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MONTGOMERY Facility Information: NORTH THOMPSON HOUSE 2223 N THOMPSON ST CONROE Phone (713) 760-3660 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	007625 76844 Fax TITLE 18: TITLE 18/19: 003882 77303 Fax TITLE 18: TITLE 18: TITLE 19:	Reg Svcs: (325) 985-3575 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR)	Owner Information TDAF LLC PO BOX 27 GOLDTHWAITE TX PHONE: (325) 985-3544 PROGRAM TYPE: ICF/IID License Exp Dt: 04/10/2018 Owner Information TRI COUNTY MHMR SERVICES PO BOX 3067 CONROE TX PHONE: PROGRAM TYPE: ICF/IID	76/ FAX: SERVICE TYP Region (344 (325) 985-3575 E PRIVATELY OWNED 06 - HOUSTON
County MILLS Facility Information: JOHNSON HOMES 210 CR 112 GOLDTHWAITE Phone (325) 985-3544 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MONTGOMERY Facility Information: NORTH THOMPSON HOUSE 2223 N THOMPSON ST CONROE Phone (713) 760-3660 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	007625 76844 Fax TITLE 18: TITLE 19: 003882 77303 Fax TITLE 18:	Reg Svcs: (325) 985-3575 0 0 Reg Svcs:	UNIT 21 (ICF/MR) ICF/IID: 6	Owner Information TDAF LLC PO BOX 27 GOLDTHWAITE TX PHONE: (325) 985-3544 PROGRAM TYPE: ICF/IID License Exp Dt: 04/10/2018 Owner Information TRI COUNTY MHMR SERVICES PO BOX 3067 CONROE TX PHONE:	76/ FAX: SERVICE TYP Region (77: FAX: SERVICE TYP	344 (325) 985-3575 E PRIVATELY OWNED 06 - HOUSTON 305 E GOVERNMENT BASED
County MILLS Facility Information: JOHNSON HOMES 210 CR 112 GOLDTHWAITE Phone (325) 985-3544 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MONTGOMERY Facility Information: NORTH THOMPSON HOUSE 2223 N THOMPSON ST CONROE Phone (713) 760-3660 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MONTGOMERY	TX Facility ID:	007625 76844 Fax TITLE 18: TITLE 19: TITLE 18/19: 003882 77303 Fax TITLE 18: TITLE 18: TITLE 18: TITLE 19:	Reg Svcs: (325) 985-3575 0 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR)	Owner Information TDAF LLC PO BOX 27 GOLDTHWAITE TX PHONE: (325) 985-3544 PROGRAM TYPE: ICF/IID License Exp Dt: 04/10/2018 Owner Information TRI COUNTY MHMR SERVICES PO BOX 3067 CONROE TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt:	76/ FAX: SERVICE TYP Region (77: FAX: SERVICE TYP	344 (325) 985-3575 E PRIVATELY OWNED 06 - HOUSTON
County MILLS Facility Information: JOHNSON HOMES 210 CR 112 GOLDTHWAITE Phone (325) 985-3544 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MONTGOMERY Facility Information: NORTH THOMPSON HOUSE 2223 N THOMPSON ST CONROE Phone (713) 760-3660 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MONTGOMERY Facility Information:	TX Facility ID:	007625 76844 Fax TITLE 18: TITLE 18/19: 003882 77303 Fax TITLE 18: TITLE 18: TITLE 19:	Reg Svcs: (325) 985-3575 0 0 Reg Svcs:	UNIT 21 (ICF/MR) ICF/IID: 6	Owner Information TDAF LLC PO BOX 27 GOLDTHWAITE TX PHONE: (325) 985-3544 PROGRAM TYPE: ICF/IID License Exp Dt: 04/10/2018 Owner Information TRI COUNTY MHMR SERVICES PO BOX 3067 CONROE TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information	76/ FAX: SERVICE TYP Region (77: FAX: SERVICE TYP	344 (325) 985-3575 E PRIVATELY OWNED 06 - HOUSTON 305 E GOVERNMENT BASED
County MILLS Facility Information: JOHNSON HOMES 210 CR 112 GOLDTHWAITE Phone (325) 985-3544 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County MONTGOMERY Facility Information: NORTH THOMPSON HOUSE 2223 N THOMPSON ST CONROE Phone (713) 760-3660 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MONTGOMERY Facility Information: CONROE Phone (713) 760-3660 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County MONTGOMERY Facility Information: PATRICIA STREET HOUSE	TX Facility ID:	007625 76844 Fax TITLE 18: TITLE 19: TITLE 18/19: 003882 77303 Fax TITLE 18: TITLE 18: TITLE 18: TITLE 19:	Reg Svcs: (325) 985-3575 0 0 Reg Svcs:	UNIT 21 (ICF/MR) ICF/IID: 6	Owner Information TDAF LLC PO BOX 27 GOLDTHWAITE TX PHONE: (325) 985-3544 PROGRAM TYPE: ICF/IID License Exp Dt: 04/10/2018 Owner Information TRI COUNTY MHMR SERVICES PO BOX 3067 CONROE TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt:	76/ FAX: SERVICE TYP Region (77: FAX: SERVICE TYP	344 (325) 985-3575 E PRIVATELY OWNED 06 - HOUSTON 305 E GOVERNMENT BASED
County MILLS Facility Information: JOHNSON HOMES 210 CR 112 GOLDTHWAITE Phone (325) 985-3544 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MONTGOMERY Facility Information: NORTH THOMPSON HOUSE 2223 N THOMPSON ST CONROE Phone (713) 760-3660 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MONTGOMERY Facility Information:	TX Facility ID:	007625 76844 Fax TITLE 18: TITLE 19: 003882 77303 Fax TITLE 18: TITLE 18: TITLE 18: TITLE 19:	Reg Svcs: (325) 985-3575 0 0 Reg Svcs:	UNIT 21 (ICF/MR) ICF/IID: 6	Owner Information TDAF LLC PO BOX 27 GOLDTHWAITE TX PHONE: (325) 985-3544 PROGRAM TYPE: ICF/IID License Exp Dt: 04/10/2018 Owner Information TRI COUNTY MHMR SERVICES PO BOX 3067 CONROE TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information TRI COUNTY MHMR SERVICES PO BOX 3067	FAX: SERVICE TYP Region (77: FAX: SERVICE TYP	(325) 985-3575 E PRIVATELY OWNED 06 - HOUSTON E GOVERNMENT BASED 06 - HOUSTON
County MILLS Facility Information: JOHNSON HOMES 210 CR 112 GOLDTHWAITE Phone (325) 985-3544 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MONTGOMERY Facility Information: NORTH THOMPSON HOUSE 2223 N THOMPSON ST CONROE Phone (713) 760-3660 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MONTGOMERY Facility Information: PATRICIA STREET HOUSE 104 PATRICIA ST	TX Facility ID: TX Facility ID:	007625 76844 Fax TITLE 18: TITLE 19: 003882 77303 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	Reg Svcs: (325) 985-3575 0 0 Reg Svcs:	UNIT 21 (ICF/MR) ICF/IID: 6	Owner Information TDAF LLC PO BOX 27 GOLDTHWAITE TX PHONE: (325) 985-3544 PROGRAM TYPE: ICF/IID License Exp Dt: 04/10/2018 Owner Information TRI COUNTY MHMR SERVICES PO BOX 3067 CONROE TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information TRI COUNTY MHMR SERVICES PO BOX 3067 CONROE TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information TRI COUNTY MHMR SERVICES PO BOX 3067 CONROE TX	FAX: SERVICE TYP Region (FAX: SERVICE TYP Region (77:	344 (325) 985-3575 E PRIVATELY OWNED 06 - HOUSTON 305 E GOVERNMENT BASED
County MILLS Facility Information: JOHNSON HOMES 210 CR 112 GOLDTHWAITE Phone (325) 985-3544 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County MONTGOMERY Facility Information: NORTH THOMPSON HOUSE 2223 N THOMPSON ST CONROE Phone (713) 760-3660 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 Cert Alzh Capacity: 0 County MONTGOMERY Facility Information: County MONTGOMERY Facility Information: PATRICIA STREET HOUSE 104 PATRICIA ST CONROE	TX Facility ID: TX Facility ID:	007625 76844 Fax TITLE 18: TITLE 19: TITLE 18/19: 003882 77303 Fax TITLE 18: TITLE 18: TITLE 18: TITLE 18/19: 003905	Reg Svcs: (325) 985-3575 0 0 Reg Svcs: 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6	Owner Information TDAF LLC PO BOX 27 GOLDTHWAITE TX PHONE: (325) 985-3544 PROGRAM TYPE: ICF/IID License Exp Dt: 04/10/2018 Owner Information TRI COUNTY MHMR SERVICES PO BOX 3067 CONROE TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information TRI COUNTY MHMR SERVICES PO BOX 3067 CONROE TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt:	FAX: SERVICE TYP Region (FAX: SERVICE TYP Region (77: FAX: FAX:	(325) 985-3575 E PRIVATELY OWNED 06 - HOUSTON E GOVERNMENT BASED 06 - HOUSTON
County MILLS Facility Information: JOHNSON HOMES 210 CR 112 GOLDTHWAITE Phone (325) 985-3544 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MONTGOMERY Facility Information: NORTH THOMPSON HOUSE 2223 N THOMPSON ST CONROE Phone (713) 760-3660 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County MONTGOMERY Facility Information: PATRICIA STREET HOUSE 104 PATRICIA ST CONROE Phone (409) 760-4074	TX Facility ID: TX Facility ID:	007625 76844 Fax TITLE 18: TITLE 19: 003882 77303 Fax TITLE 18: TITLE 18: TITLE 19: 003905 77301 Fax	Reg Svcs: (325) 985-3575 0 0 0 Reg Svcs: 0 Reg Svcs: (409) 756-8331 0	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 6 UNIT 21 (ICF/MR)	Owner Information TDAF LLC PO BOX 27 GOLDTHWAITE TX PHONE: (325) 985-3544 PROGRAM TYPE: ICF/IID License Exp Dt: 04/10/2018 Owner Information TRI COUNTY MHMR SERVICES PO BOX 3067 CONROE TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information TRI COUNTY MHMR SERVICES PO BOX 3067 CONROE TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information TRI COUNTY MHMR SERVICES PO BOX 3067 CONROE TX	FAX: SERVICE TYP Region (FAX: SERVICE TYP Region (77: FAX: FAX:	(325) 985-3575 E PRIVATELY OWNED 06 - HOUSTON E GOVERNMENT BASED 06 - HOUSTON

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County MONTGOMERY			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	003883			Owner Information	
SHENANDOAH HOUSE					TRI COUNTY MHMR SERVICES	
28902 ENCHANTED DRIVE SPRING	TX	77381			PO BOX 3067	
Phone (281) 292-3712		Fax			CONROE TX	77305
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE:	FAX:
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt:	
County NACOGDOCHES			Reg Svcs:	REGION 5 ICF/IID		Region 05 - BEAUMONT
Facility Information:	Facility ID:	007535			Owner Information	
H H H COMMUNITY SERVICE	OF NACOGD	OCHES, INC			H H H COMMUNITY SERVICE OF NACC	OGDOCHES, INC
1116 DURST ST NACOGDOCHES	TX	75964			422 E MAIN	
Phone (936) 560-2588		Fax	(936) 560-2588		NACOGDOCHES TX	75961
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE: (936) 560-2588	FAX: (936) 560-2588
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 09/01/2016	
County NACOGDOCHES			Reg Svcs:	REGION 5 ICF/IID		Region 05 - BEAUMONT
Facility Information:	Facility ID:	007658			Owner Information	
NACOGDOCHES HOUSE					THE BURKE CENTER	
2712 S E STALLINGS DR NACOGDOCHES	TX	75961			4101 SOUTH MEDFORD DR	
Phone (936) 564-3147		Fax			LUFKIN TX	75901
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 12	PHONE:	FAX:
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt:	
<u></u>						
County NAVARRO			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
County NAVARRO Facility Information:	Facility ID:	003773	Reg Svcs:	IID TEAM	Owner Information	Region 03 - ARLINGTON
Facility Information: 45TH STREET I COMMUNITY	•	003773	Reg Svcs:	IID TEAM	Owner Information EDUCARE COMMUNITY LIVING LIMITE	·
Facility Information: 45TH STREET I COMMUNITY 1348 N 45TH ST	HOME		Reg Svcs:	IID TEAM		·
Facility Information: 45TH STREET I COMMUNITY	•	003773 75110-1733 Fax	Reg Svcs:	IID TEAM	EDUCARE COMMUNITY LIVING LIMITE	·
Facility Information: 45TH STREET I COMMUNITY 1348 N 45TH ST CORSICANA Phone (903) 872-2200	HOME	75110-1733 Fax	·		EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD	ED PARTNERSHIP
Facility Information: 45TH STREET I COMMUNITY 1348 N 45TH ST CORSICANA Phone (903) 872-2200 TOTAL Lic Capacity: 0	HOME	75110-1733	0	IID TEAM ICF/IID: 13	EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY	ED PARTNERSHIP 40223-3808
Facility Information: 45TH STREET I COMMUNITY 1348 N 45TH ST CORSICANA Phone (903) 872-2200	HOME	75110-1733 Fax TITLE 18: TITLE19:	0		EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100	ED PARTNERSHIP 40223-3808 FAX: (502) 394-2285
Facility Information: 45TH STREET I COMMUNITY 1348 N 45TH ST CORSICANA Phone (903) 872-2200 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	HOME	75110-1733 Fax TITLE 18: TITLE19:	0 0 0		EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	ED PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
Facility Information: 45TH STREET I COMMUNITY 1348 N 45TH ST CORSICANA Phone (903) 872-2200 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	HOME	75110-1733 Fax TITLE 18: TITLE19:	0	ICF/IID: 13	EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	ED PARTNERSHIP 40223-3808 FAX: (502) 394-2285
Facility Information: 45TH STREET I COMMUNITY 1348 N 45TH ST CORSICANA Phone (903) 872-2200 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NAVARRO	TX Facility ID:	75110-1733 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 13	EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: 45TH STREET I COMMUNITY 1348 N 45TH ST CORSICANA Phone (903) 872-2200 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NAVARRO Facility Information: 45TH STREET I I COMMUNIT 1348 1/2 N 45TH ST	TX Facility ID: Y HOME	75110-1733	0 0 0	ICF/IID: 13	EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information	40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: 45TH STREET I COMMUNITY 1348 N 45TH ST CORSICANA Phone (903) 872-2200 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NAVARRO Facility Information: 45TH STREET I I COMMUNIT 1348 1/2 N 45TH ST CORSICANA	TX Facility ID:	75110-1733	0 0 0	ICF/IID: 13	EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE	40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: 45TH STREET I COMMUNITY 1348 N 45TH ST CORSICANA Phone (903) 872-2200 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NAVARRO Facility Information: 45TH STREET I I COMMUNIT 1348 1/2 N 45TH ST CORSICANA Phone (903) 872-2200	TX Facility ID: Y HOME	75110-1733	0 0 0 Reg Svcs:	ICF/IID: 13	EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD	ED PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ED PARTNERSHIP
Facility Information: 45TH STREET I COMMUNITY 1348 N 45TH ST CORSICANA Phone (903) 872-2200 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NAVARRO Facility Information: 45TH STREET I I COMMUNIT 1348 1/2 N 45TH ST CORSICANA Phone (903) 872-2200 TOTAL Lic Capacity: 0	TX Facility ID: Y HOME	75110-1733	0 0 0 Reg Svcs:	ICF/IID: 13	EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY	A0223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON D PARTNERSHIP 40223-3808
Facility Information: 45TH STREET I COMMUNITY 1348 N 45TH ST CORSICANA Phone (903) 872-2200 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NAVARRO Facility Information: 45TH STREET I I COMMUNIT 1348 1/2 N 45TH ST CORSICANA Phone (903) 872-2200	TX Facility ID: Y HOME	75110-1733	0 0 0 Reg Svcs:	ICF/IID: 13	EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100	### ### ##############################
Facility Information: 45TH STREET I COMMUNITY 1348 N 45TH ST CORSICANA Phone (903) 872-2200 TOTAL Lic Capacity: 0	TX Facility ID: Y HOME	75110-1733	0 0 0 Reg Svcs:	ICF/IID: 13 IID TEAM ICF/IID: 13	EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	A0223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
Facility Information: 45TH STREET I COMMUNITY 1348 N 45TH ST CORSICANA Phone (903) 872-2200 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County NAVARRO Facility Information: 45TH STREET I I COMMUNIT 1348 1/2 N 45TH ST CORSICANA Phone (903) 872-2200 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID: Y HOME	75110-1733	0 0 0 Reg Svcs:	ICF/IID: 13	EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	### ### ##############################
Facility Information: 45TH STREET I COMMUNITY 1348 N 45TH ST CORSICANA Phone (903) 872-2200 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County NAVARRO Facility Information: 45TH STREET I I COMMUNIT 1348 1/2 N 45TH ST CORSICANA Phone (903) 872-2200 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NAVARRO	Facility ID: Y HOME TX	75110-1733	0 0 0 Reg Svcs:	ICF/IID: 13 IID TEAM ICF/IID: 13	PROGRAM TYPE: ICF/IID Course Exp Dt: 01/01/2019 PROGRAM TYPE: ICF/IID License Exp Dt: 05/01/01/2017	A0223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: 45TH STREET I COMMUNITY 1348 N 45TH ST CORSICANA Phone (903) 872-2200 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County NAVARRO Facility Information: 45TH STREET I I COMMUNIT 1348 1/2 N 45TH ST CORSICANA Phone (903) 872-2200 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NAVARRO Facility Information: BOYD COMMUNITY HOME 109 BOYD AVE	Facility ID: TX Facility ID: TX	75110-1733	0 0 0 Reg Svcs:	ICF/IID: 13 IID TEAM ICF/IID: 13	EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information	A0223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: 45TH STREET I COMMUNITY 1348 N 45TH ST CORSICANA Phone (903) 872-2200 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County NAVARRO Facility Information: 45TH STREET I I COMMUNIT 1348 1/2 N 45TH ST CORSICANA Phone (903) 872-2200 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County NAVARRO Facility Information: 0 County NAVARRO Facility Information: 0 County NAVARRO Facility Information: 0 COUNTY NAVARRO Facility Information: 0 BOYD COMMUNITY HOME 109 BOYD AVE CORSICANA	Facility ID: Y HOME TX	75110-1733	0 0 0 Reg Svcs:	ICF/IID: 13 IID TEAM ICF/IID: 13	EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information EDUCARE COMMUNITY LIVING LIMITE 01/01/2019	A0223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: 45TH STREET I COMMUNITY 1348 N 45TH ST CORSICANA Phone (903) 872-2200 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NAVARRO Facility Information: 45TH STREET I I COMMUNIT 1348 1/2 N 45TH ST CORSICANA Phone (903) 872-2200 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NAVARRO Facility Information: BOYD COMMUNITY HOME 109 BOYD AVE CORSICANA Phone (903) 872-8074	Facility ID: TX Facility ID: TX	75110-1733	0 0 0 Reg Svcs: 0 0 0 0 Reg Svcs:	ICF/IID: 13 IID TEAM ICF/IID: 13	EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD	A0223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ED PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ED PARTNERSHIP Region 03 - ARLINGTON
Facility Information: 45TH STREET I COMMUNITY 1348 N 45TH ST CORSICANA Phone (903) 872-2200 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NAVARRO Facility Information: 45TH STREET I I COMMUNIT 1348 1/2 N 45TH ST CORSICANA Phone (903) 872-2200 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NAVARRO Facility Information: BOYD COMMUNITY HOME 109 BOYD AVE CORSICANA Phone (903) 872-8074 TOTAL Lic Capacity: 0	Facility ID: TX Facility ID: TX	75110-1733	0 0 0 Reg Svcs: 0 0 0 Reg Svcs: (817) 549-6505	ICF/IID: 13 IID TEAM ICF/IID: 13	PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY	A0223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON D PARTNERSHIP 40223-3808
Facility Information: 45TH STREET I COMMUNITY 1348 N 45TH ST CORSICANA Phone (903) 872-2200 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NAVARRO Facility Information: 45TH STREET I I COMMUNIT 1348 1/2 N 45TH ST CORSICANA Phone (903) 872-2200 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NAVARRO Facility Information: BOYD COMMUNITY HOME 109 BOYD AVE CORSICANA Phone (903) 872-8074	Facility ID: TX Facility ID: TX	75110-1733	0 0 0 Reg Svcs: 0 0 0 Reg Svcs: (817) 549-6505 0	ICF/IID: 13 IID TEAM ICF/IID: 13	EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 Control Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100	### ### ##############################

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County NAVARRO			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	007445			Owner Information	
DONAHO HOUSE					EDUCARE COMMUNITY LIVING LIMITE	ED PARTNERSHIP
1516 W 5TH AVE					9901 LINN STATION ROAD	
CORSICANA (002) 870 0568	TX	75110-4207 Fax			LOUISVILLE KY	40223-3808
Phone (903) 872-9568					PHONE : (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:				SERVICE THE PRIVATEET OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2019	
County NAVARRO			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	007217			Owner Information	
EDWARDS COMMUNITY HON	ИΕ				EDUCARE COMMUNITY LIVING LIMITE	ED PARTNERSHIP
701 W 4TH AVE CORSICANA	TX	75110-4551			9901 LINN STATION ROAD	
Phone (903) 872-8006		Fax			LOUISVILLE KY	40223-3808
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (502) 394-2100	FAX: (502) 394-2285
Cert Alzh Capacity: 0		TITLE19:		10171151	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 01/01/2017	
County NAVARRO	_ =	00-00-	Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	007335			Owner Information	
HARMONY HOUSE I V 720 SE CR 0025					HARMONY LIVING CENTERS INC	
CORSICANA	TX	75110			112 S WARD DR	75004
Phone (903) 872-2423		Fax	(903) 295-7394		LONGVIEW TX	75604
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (903) 295-7391	FAX: (903) 295-7394
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 08/09/2018	
County NAVADDO			Pag Sugar	IID TEAM		Region 03 - API INCTON
County NAVARRO Facility Information:	Facility ID:	007315	Reg Svcs:	IID TEAM	Owner Information	Region 03 - ARLINGTON
County NAVARRO Facility Information: HARMONY HOUSE III	Facility ID:	007315	Reg Svcs:	IID TEAM	Owner Information HARMONY LIVING CENTERS INC	Region 03 - ARLINGTON
Facility Information: HARMONY HOUSE III 509 LAKEWOOD	-		Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information: HARMONY HOUSE III 509 LAKEWOOD CORSICANA	Facility ID:	75110		IID TEAM	HARMONY LIVING CENTERS INC	Region 03 - ARLINGTON 75604
Facility Information: HARMONY HOUSE III 509 LAKEWOOD	-		Reg Svcs: (903) 872-3864	IID TEAM	HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX	75604
Facility Information: HARMONY HOUSE III 509 LAKEWOOD CORSICANA Phone (903) 872-1234 TOTAL Lic Capacity: 0	-	75110 Fax TITLE 18:	(903) 872-3864 0	IID TEAM ICF/IID: 6	HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391	75604 FAX: (903) 295-7394
Facility Information: HARMONY HOUSE III 509 LAKEWOOD CORSICANA Phone (903) 872-1234 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	-	75110 Fax TITLE 18: TITLE19:	(903) 872-3864 0		HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID	75604
Facility Information: HARMONY HOUSE III 509 LAKEWOOD CORSICANA Phone (903) 872-1234 TOTAL Lic Capacity: 0	-	75110 Fax TITLE 18:	(903) 872-3864 0		HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391	75604 FAX: (903) 295-7394
Facility Information: HARMONY HOUSE III 509 LAKEWOOD CORSICANA Phone (903) 872-1234 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	-	75110 Fax TITLE 18: TITLE19:	(903) 872-3864 0		HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID	75604 FAX: (903) 295-7394
Facility Information: HARMONY HOUSE III 509 LAKEWOOD CORSICANA Phone (903) 872-1234 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	-	75110 Fax TITLE 18: TITLE19:	(903) 872-3864 0 0	ICF/IID: 6	HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID	75604 FAX: (903) 295-7394 SERVICE TYPE PRIVATELY OWNED
Facility Information: HARMONY HOUSE III 509 LAKEWOOD CORSICANA Phone (903) 872-1234 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NAVARRO Facility Information: HARMONY HOUSE V I	TX	75110 Fax TITLE 18: TITLE19: TITLE 18/19:	(903) 872-3864 0 0	ICF/IID: 6	HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID License Exp Dt: 09/11/2017	75604 FAX: (903) 295-7394 SERVICE TYPE PRIVATELY OWNED
Facility Information: HARMONY HOUSE III 509 LAKEWOOD CORSICANA Phone (903) 872-1234 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NAVARRO Facility Information: HARMONY HOUSE V I 430 MADISON AVE	TX Facility ID:	75110	(903) 872-3864 0 0	ICF/IID: 6	HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID License Exp Dt: 09/11/2017 Owner Information	75604 FAX: (903) 295-7394 SERVICE TYPE PRIVATELY OWNED
Facility Information: HARMONY HOUSE III 509 LAKEWOOD CORSICANA Phone (903) 872-1234 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NAVARRO Facility Information: HARMONY HOUSE V I 430 MADISON AVE CORSICANA	TX	75110	(903) 872-3864 0 0 0 Reg Svcs:	ICF/IID: 6	HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID License Exp Dt: 09/11/2017 Owner Information HARMONY LIVING CENTERS INC	75604 FAX: (903) 295-7394 SERVICE TYPE PRIVATELY OWNED
Facility Information: HARMONY HOUSE III 509 LAKEWOOD CORSICANA Phone (903) 872-1234 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NAVARRO Facility Information: HARMONY HOUSE V I 430 MADISON AVE CORSICANA Phone (903) 874-2661	TX Facility ID:	75110	(903) 872-3864 0 0 0 Reg Svcs:	ICF/IID: 6	HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID License Exp Dt: 09/11/2017 Owner Information HARMONY LIVING CENTERS INC 112 S WARD DR	75604 FAX: (903) 295-7394 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: HARMONY HOUSE III 509 LAKEWOOD CORSICANA Phone (903) 872-1234 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NAVARRO Facility Information: HARMONY HOUSE V I 430 MADISON AVE CORSICANA Phone (903) 874-2661 TOTAL Lic Capacity: 0	TX Facility ID:	75110	(903) 872-3864 0 0 0 Reg Svcs: (903) 295-7394	ICF/IID: 6	HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID License Exp Dt: 09/11/2017 Owner Information HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX	75604 FAX: (903) 295-7394 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: HARMONY HOUSE III 509 LAKEWOOD CORSICANA Phone (903) 872-1234 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NAVARRO Facility Information: HARMONY HOUSE V I 430 MADISON AVE CORSICANA Phone (903) 874-2661 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	75110	(903) 872-3864 0 0 0 Reg Svcs: (903) 295-7394 0	ICF/IID: 6	HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID License Exp Dt: 09/11/2017 Owner Information HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID	75604 FAX: (903) 295-7394 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75604 FAX: (903) 295-7394
Facility Information: HARMONY HOUSE III 509 LAKEWOOD CORSICANA Phone (903) 872-1234 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NAVARRO Facility Information: HARMONY HOUSE V I 430 MADISON AVE CORSICANA Phone (903) 874-2661 TOTAL Lic Capacity: 0	TX Facility ID:	75110	(903) 872-3864 0 0 0 Reg Svcs: (903) 295-7394 0	ICF/IID: 6 IID TEAM ICF/IID: 6	HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID License Exp Dt: 09/11/2017 Owner Information HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391	75604 FAX: (903) 295-7394 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75604 FAX: (903) 295-7394
Facility Information: HARMONY HOUSE III 509 LAKEWOOD CORSICANA Phone (903) 872-1234 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County NAVARRO Facility Information: HARMONY HOUSE V I 430 MADISON AVE CORSICANA Phone (903) 874-2661 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	75110	(903) 872-3864 0 0 0 Reg Svcs: (903) 295-7394 0	ICF/IID: 6	HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID License Exp Dt: 09/11/2017 Owner Information HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID License Exp Dt: 08/25/2018	75604 FAX: (903) 295-7394 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75604 FAX: (903) 295-7394
Facility Information: HARMONY HOUSE III 509 LAKEWOOD CORSICANA Phone (903) 872-1234 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NAVARRO Facility Information: HARMONY HOUSE V I 430 MADISON AVE CORSICANA Phone (903) 874-2661 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NAVARRO Facility Information:	TX Facility ID:	75110	(903) 872-3864 0 0 0 Reg Svcs: (903) 295-7394 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID License Exp Dt: 09/11/2017 Owner Information HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID License Exp Dt: 08/25/2018	75604 FAX: (903) 295-7394 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75604 FAX: (903) 295-7394 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: HARMONY HOUSE III 509 LAKEWOOD CORSICANA Phone (903) 872-1234 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NAVARRO Facility Information: HARMONY HOUSE V I 430 MADISON AVE CORSICANA Phone (903) 874-2661 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NAVARRO Facility Information: OAKLAWN HOUSE	TX Facility ID:	75110	(903) 872-3864 0 0 0 Reg Svcs: (903) 295-7394 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID License Exp Dt: 09/11/2017 Owner Information HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID License Exp Dt: 08/25/2018 Owner Information CEN-TEX ASSOCIATION FOR RETARE	75604 FAX: (903) 295-7394 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75604 FAX: (903) 295-7394 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: HARMONY HOUSE III 509 LAKEWOOD CORSICANA Phone (903) 872-1234 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NAVARRO Facility Information: HARMONY HOUSE V I 430 MADISON AVE CORSICANA Phone (903) 874-2661 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NAVARRO Facility Information:	TX Facility ID:	75110	(903) 872-3864 0 0 0 Reg Svcs: (903) 295-7394 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID License Exp Dt: 09/11/2017 Owner Information HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID License Exp Dt: 08/25/2018 Owner Information CEN-TEX ASSOCIATION FOR RETARE PO DRAWER 750	75604 FAX: (903) 295-7394 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75604 FAX: (903) 295-7394 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON DED CHILDREN
Facility Information: HARMONY HOUSE III 509 LAKEWOOD CORSICANA Phone (903) 872-1234 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NAVARRO Facility Information: HARMONY HOUSE V I 430 MADISON AVE CORSICANA Phone (903) 874-2661 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NAVARRO Facility Information: OAKLAWN HOUSE 1102 OAKLAWN	TX Facility ID: TX Facility ID:	75110	(903) 872-3864 0 0 0 Reg Svcs: (903) 295-7394 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID License Exp Dt: 09/11/2017 Owner Information HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID License Exp Dt: 08/25/2018 Owner Information CEN-TEX ASSOCIATION FOR RETARE PO DRAWER 750 MEXIA TX	75604 FAX: (903) 295-7394 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75604 FAX: (903) 295-7394 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: HARMONY HOUSE III 509 LAKEWOOD CORSICANA Phone (903) 872-1234 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NAVARRO Facility Information: HARMONY HOUSE V I 430 MADISON AVE CORSICANA Phone (903) 874-2661 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NAVARRO Facility Information: OAKLAWN HOUSE 1102 OAKLAWN CORSICANA Phone (903) 872-6083	TX Facility ID: TX Facility ID:	75110	(903) 872-3864 0 0 0 Reg Svcs: (903) 295-7394 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID License Exp Dt: 09/11/2017 Owner Information HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID License Exp Dt: 08/25/2018 Owner Information CEN-TEX ASSOCIATION FOR RETARE PO DRAWER 750	75604 FAX: (903) 295-7394 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75604 FAX: (903) 295-7394 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON DED CHILDREN
Facility Information: HARMONY HOUSE III 509 LAKEWOOD CORSICANA Phone (903) 872-1234 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NAVARRO Facility Information: HARMONY HOUSE V I 430 MADISON AVE CORSICANA Phone (903) 874-2661 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NAVARRO Facility Information: OAKLAWN HOUSE 1102 OAKLAWN CORSICANA	TX Facility ID: TX Facility ID:	75110	(903) 872-3864 0 0 0 Reg Svcs: (903) 295-7394 0 0 0 Reg Svcs: (903) 872-0895 0	ICF/IID: 6 IID TEAM ICF/IID: 6	HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID License Exp Dt: 09/11/2017 Owner Information HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID License Exp Dt: 08/25/2018 Owner Information CEN-TEX ASSOCIATION FOR RETARE PO DRAWER 750 MEXIA TX	75604 FAX: (903) 295-7394 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75604 FAX: (903) 295-7394 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON DED CHILDREN 76667
Facility Information: HARMONY HOUSE III 509 LAKEWOOD CORSICANA Phone (903) 872-1234 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County NAVARRO Facility Information: HARMONY HOUSE V I 430 MADISON AVE CORSICANA Phone (903) 874-2661 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County NAVARRO Facility Information: OCCOUNTY NAVARO Facility Information: OCCOUNTY NAVARO Facility Information: OAKLAWN HOUSE 1102 OAKLAWN CORSICANA Phone (903) 872-6083 TOTAL Lic Capacity: 0	TX Facility ID: TX Facility ID:	75110	(903) 872-3864 0 0 0 Reg Svcs: (903) 295-7394 0 0 0 Reg Svcs: (903) 872-0895 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID License Exp Dt: 09/11/2017 Owner Information HARMONY LIVING CENTERS INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID License Exp Dt: 08/25/2018 Owner Information CEN-TEX ASSOCIATION FOR RETARE PO DRAWER 750 MEXIA TX PHONE: (254) 562-2891	75604 FAX: (903) 295-7394 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75604 FAX: (903) 295-7394 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON DED CHILDREN 76667 FAX: (254) 562-7656

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County NAVARRO			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	007577			Owner Information	
SUNSET ACRES HOUSE					CEN-TEX ASSOCIATION FOR RETARDI	ED CHILDREN
5835 NW COUNTY RD 2091 CORSICANA	TX	75110			PO DRAWER 750	
Phone (903) 872-6138		Fax	(903) 872-0895		MEXIA TX	76667
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (254) 562-2891	FAX: (254) 562-7656
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 12/14/2017	
County NAVARRO			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	007519			Owner Information	
TAMMY HOUSE					CEN-TEX ASSOCIATION FOR RETARDI	ED CHILDREN
1312 TAMMY CORSICANA	TX	75110			PO DRAWER 750	
Phone (903) 872-6086		Fax	(903) 872-0895		MEXIA TX	76667
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (254) 562-2891	FAX: (254) 562-7656
Cert Alzh Capacity: 0		TITLE 19:		•	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 03/23/2018	
County NEWTON			Reg Svcs:	REGION 5 ICF/IID		Region 05 - BEAUMONT
Facility Information:	Facility ID:	003996	1.0g 0.700.	11201011 0 1017110	Owner Information	region to be noticed
NEWTON GROUP HOME	-				THE BURKE CENTER	
700 MCMAHON	TV	75000			4101 SOUTH MEDFORD DR	
NEWTON Phone (409) 379-3335	TX	75966 Fax			LUFKIN TX	75901
` '			٥	IOF/IID. C	PHONE:	FAX:
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0		TITLE 18: TITLE19:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt:	
THE POUCE O			•			
				105/110		D : 00 ADU ENE
County NOLAN	Encility ID:	007225	Reg Svcs:	ICF/IID	·	Region 02 - ABILENE
Facility Information:	Facility ID:	007225	Reg Svcs:	ICF/IID	Owner Information	Region 02 - ABILENE
· ·	Facility ID:	007225	Reg Svcs:	ICF/IID	Owner Information LIVING RESOURCES LLC	Region 02 - ABILENE
Facility Information: HACKBERRY HOUSE 1916 LAKEVIEW SWEETWATER	Facility ID:	79556	·	ICF/IID	Owner Information	Region 02 - ABILENE 79605
Facility Information: HACKBERRY HOUSE 1916 LAKEVIEW	·		Reg Svcs:	ICF/IID	Owner Information LIVING RESOURCES LLC 3125 S 27TH ST ABILENE TX	79605
Facility Information: HACKBERRY HOUSE 1916 LAKEVIEW SWEETWATER Phone (325) 235-2568 TOTAL Lic Capacity: 0	·	79556 Fax TITLE 18:	(325) 235-1364 0	ICF/IID ICF/IID: 6	Owner Information LIVING RESOURCES LLC 3125 S 27TH ST ABILENE TX PHONE: (325) 695-2112	79605 FAX : (325) 794-0023
Facility Information: HACKBERRY HOUSE 1916 LAKEVIEW SWEETWATER Phone (325) 235-2568 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	79556 Fax TITLE 18: TITLE19:	(325) 235-1364 0 0		Owner Information LIVING RESOURCES LLC 3125 S 27TH ST ABILENE TX PHONE: (325) 695-2112 PROGRAM TYPE: ICF/IID	79605
Facility Information: HACKBERRY HOUSE 1916 LAKEVIEW SWEETWATER Phone (325) 235-2568 TOTAL Lic Capacity: 0	·	79556 Fax TITLE 18:	(325) 235-1364 0 0		Owner Information LIVING RESOURCES LLC 3125 S 27TH ST ABILENE TX PHONE: (325) 695-2112	79605 FAX : (325) 794-0023
Facility Information: HACKBERRY HOUSE 1916 LAKEVIEW SWEETWATER Phone (325) 235-2568 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	79556 Fax TITLE 18: TITLE19:	(325) 235-1364 0 0		Owner Information LIVING RESOURCES LLC 3125 S 27TH ST ABILENE TX PHONE: (325) 695-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 01/23/2018	79605 FAX : (325) 794-0023
Facility Information: HACKBERRY HOUSE 1916 LAKEVIEW SWEETWATER Phone (325) 235-2568 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NOLAN Facility Information:	·	79556 Fax TITLE 18: TITLE19:	(325) 235-1364 0 0	ICF/IID: 6	Owner Information LIVING RESOURCES LLC 3125 S 27TH ST ABILENE TX PHONE: (325) 695-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 01/23/2018 Owner Information	79605 FAX: (325) 794-0023 SERVICE TYPE PRIVATELY OWNED
Facility Information: HACKBERRY HOUSE 1916 LAKEVIEW SWEETWATER Phone (325) 235-2568 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NOLAN Facility Information: WALNUT CREEK HOME	тх	79556 Fax TITLE 18: TITLE19: TITLE 18/19:	(325) 235-1364 0 0	ICF/IID: 6	Owner Information LIVING RESOURCES LLC 3125 S 27TH ST ABILENE TX PHONE: (325) 695-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 01/23/2018 Owner Information LIVING RESOURCES LLC	79605 FAX: (325) 794-0023 SERVICE TYPE PRIVATELY OWNED
Facility Information: HACKBERRY HOUSE 1916 LAKEVIEW SWEETWATER Phone (325) 235-2568 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NOLAN Facility Information:	тх	79556 Fax TITLE 18: TITLE19: TITLE 18/19:	(325) 235-1364 0 0	ICF/IID: 6	Owner Information LIVING RESOURCES LLC 3125 S 27TH ST ABILENE TX PHONE: (325) 695-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 01/23/2018 Owner Information LIVING RESOURCES LLC 3125 S 27TH ST	79605 FAX: (325) 794-0023 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE
Facility Information: HACKBERRY HOUSE 1916 LAKEVIEW SWEETWATER Phone (325) 235-2568 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NOLAN Facility Information: WALNUT CREEK HOME 301 W AVE D	TX Facility ID:	79556 Fax TITLE 18: TITLE19: TITLE 18/19:	(325) 235-1364 0 0	ICF/IID: 6	Owner Information LIVING RESOURCES LLC 3125 S 27TH ST ABILENE TX PHONE: (325) 695-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 01/23/2018 Owner Information LIVING RESOURCES LLC 3125 S 27TH ST ABILENE TX	79605 FAX: (325) 794-0023 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE 79605
Facility Information: HACKBERRY HOUSE 1916 LAKEVIEW SWEETWATER Phone (325) 235-2568 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NOLAN Facility Information: WALNUT CREEK HOME 301 W AVE D SWEETWATER	TX Facility ID:	79556	(325) 235-1364 0 0 0 Reg Svcs:	ICF/IID: 6	Owner Information LIVING RESOURCES LLC 3125 S 27TH ST ABILENE TX PHONE: (325) 695-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 01/23/2018 Owner Information LIVING RESOURCES LLC 3125 S 27TH ST ABILENE TX PHONE: (325) 695-2112	79605 FAX: (325) 794-0023 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE 79605 FAX: (325) 794-0023
Facility Information: HACKBERRY HOUSE 1916 LAKEVIEW SWEETWATER Phone (325) 235-2568 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NOLAN Facility Information: WALNUT CREEK HOME 301 W AVE D SWEETWATER Phone (325) 235-2568	TX Facility ID:	79556	(325) 235-1364 0 0 0 Reg Svcs: (325) 235-1364 0	ICF/IID: 6 ICF/IID	Owner Information LIVING RESOURCES LLC 3125 S 27TH ST ABILENE TX PHONE: (325) 695-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 01/23/2018 Owner Information LIVING RESOURCES LLC 3125 S 27TH ST ABILENE TX	79605 FAX: (325) 794-0023 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE 79605
Facility Information: HACKBERRY HOUSE 1916 LAKEVIEW SWEETWATER Phone (325) 235-2568 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NOLAN Facility Information: WALNUT CREEK HOME 301 W AVE D SWEETWATER Phone (325) 235-2568 TOTAL Lic Capacity: 0	TX Facility ID:	79556	(325) 235-1364 0 0 0 Reg Svcs: (325) 235-1364 0	ICF/IID: 6 ICF/IID	Owner Information LIVING RESOURCES LLC 3125 S 27TH ST ABILENE TX PHONE: (325) 695-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 01/23/2018 Owner Information LIVING RESOURCES LLC 3125 S 27TH ST ABILENE TX PHONE: (325) 695-2112	79605 FAX: (325) 794-0023 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE 79605 FAX: (325) 794-0023
Facility Information: HACKBERRY HOUSE 1916 LAKEVIEW SWEETWATER Phone (325) 235-2568 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NOLAN Facility Information: WALNUT CREEK HOME 301 W AVE D SWEETWATER Phone (325) 235-2568 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	79556	(325) 235-1364 0 0 0 Reg Svcs: (325) 235-1364 0	ICF/IID: 6 ICF/IID	Owner Information LIVING RESOURCES LLC 3125 S 27TH ST ABILENE TX PHONE: (325) 695-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 01/23/2018 Owner Information LIVING RESOURCES LLC 3125 S 27TH ST ABILENE TX PHONE: (325) 695-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	79605 FAX: (325) 794-0023 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE 79605 FAX: (325) 794-0023
Facility Information: HACKBERRY HOUSE 1916 LAKEVIEW SWEETWATER Phone (325) 235-2568 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NOLAN Facility Information: WALNUT CREEK HOME 301 W AVE D SWEETWATER Phone (325) 235-2568 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information:	TX Facility ID:	79556	(325) 235-1364 0 0 0 Reg Svcs: (325) 235-1364 0 0	ICF/IID: 6 ICF/IID ICF/IID: 13	Owner Information LIVING RESOURCES LLC 3125 S 27TH ST ABILENE TX PHONE: (325) 695-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 01/23/2018 Owner Information LIVING RESOURCES LLC 3125 S 27TH ST ABILENE TX PHONE: (325) 695-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information	79605 FAX: (325) 794-0023 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE 79605 FAX: (325) 794-0023 SERVICE TYPE PRIVATELY OWNED
Facility Information: HACKBERRY HOUSE 1916 LAKEVIEW SWEETWATER Phone (325) 235-2568 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NOLAN Facility Information: WALNUT CREEK HOME 301 W AVE D SWEETWATER Phone (325) 235-2568 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information: BROCKHAMPTON HOUSE	TX Facility ID:	79556	(325) 235-1364 0 0 0 Reg Svcs: (325) 235-1364 0 0	ICF/IID: 6 ICF/IID ICF/IID: 13	Owner Information LIVING RESOURCES LLC 3125 S 27TH ST ABILENE TX PHONE: (325) 695-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 01/23/2018 Owner Information LIVING RESOURCES LLC 3125 S 27TH ST ABILENE TX PHONE: (325) 695-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information LIVING RESOURCES LLC 3125 S 27TH ST ABILENE TX PHONE: (325) 695-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	79605 FAX: (325) 794-0023 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE 79605 FAX: (325) 794-0023 SERVICE TYPE PRIVATELY OWNED
Facility Information: HACKBERRY HOUSE 1916 LAKEVIEW SWEETWATER Phone (325) 235-2568 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NOLAN Facility Information: WALNUT CREEK HOME 301 W AVE D SWEETWATER Phone (325) 235-2568 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information:	TX Facility ID:	79556	(325) 235-1364 0 0 0 Reg Svcs: (325) 235-1364 0 0	ICF/IID: 6 ICF/IID ICF/IID: 13	Owner Information LIVING RESOURCES LLC 3125 S 27TH ST ABILENE TX PHONE: (325) 695-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 01/23/2018 Owner Information LIVING RESOURCES LLC 3125 S 27TH ST ABILENE TX PHONE: (325) 695-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information LIVING RESOURCES LLC 3125 S 27TH ST ABILENE TX PHONE: (325) 695-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	79605 FAX: (325) 794-0023 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE 79605 FAX: (325) 794-0023 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI
Facility Information: HACKBERRY HOUSE 1916 LAKEVIEW SWEETWATER Phone (325) 235-2568 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NOLAN Facility Information: WALNUT CREEK HOME 301 W AVE D SWEETWATER Phone (325) 235-2568 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information: BROCKHAMPTON HOUSE 6102 BROCKHAMPTON	TX Facility ID: TX Facility ID:	79556	(325) 235-1364 0 0 0 Reg Svcs: (325) 235-1364 0 0	ICF/IID: 6 ICF/IID ICF/IID: 13	Owner Information LIVING RESOURCES LLC 3125 S 27TH ST ABILENE TX PHONE: (325) 695-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 01/23/2018 Owner Information LIVING RESOURCES LLC 3125 S 27TH ST ABILENE TX PHONE: (325) 695-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information LIVING RESOURCES LLC 3125 S 27TH ST ABILENE TX PHONE: (325) 695-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information LMS CONCEPTS INC PO BOX 270755 CORPUS CHRISTI TX	79605 FAX: (325) 794-0023 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE 79605 FAX: (325) 794-0023 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI 78427-0755
Facility Information: HACKBERRY HOUSE 1916 LAKEVIEW SWEETWATER Phone (325) 235-2568 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NOLAN Facility Information: WALNUT CREEK HOME 301 W AVE D SWEETWATER Phone (325) 235-2568 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information: BROCKHAMPTON HOUSE 6102 BROCKHAMPTON CORPUS CHRISTI	TX Facility ID: TX Facility ID:	79556	(325) 235-1364 0 0 0 Reg Svcs: (325) 235-1364 0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID ICF/IID: 13	Owner Information LIVING RESOURCES LLC 3125 S 27TH ST ABILENE TX PHONE: (325) 695-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 01/23/2018 Owner Information LIVING RESOURCES LLC 3125 S 27TH ST ABILENE TX PHONE: (325) 695-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information LIVING RESOURCES LLC 3125 S 27TH ST ABILENE TX PHONE: (325) 695-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	79605 FAX: (325) 794-0023 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE 79605 FAX: (325) 794-0023 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI
Facility Information: HACKBERRY HOUSE 1916 LAKEVIEW SWEETWATER Phone (325) 235-2568 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NOLAN Facility Information: WALNUT CREEK HOME 301 W AVE D SWEETWATER Phone (325) 235-2568 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information: BROCKHAMPTON HOUSE 6102 BROCKHAMPTON CORPUS CHRISTI Phone (361) 992-7763	TX Facility ID: TX Facility ID:	79556	(325) 235-1364 0 0 Reg Svcs: (325) 235-1364 0 0 Reg Svcs: (361) 852-2181	ICF/IID: 6 ICF/IID: 13 CORPUS CHRISTI 61	Owner Information LIVING RESOURCES LLC 3125 S 27TH ST ABILENE TX PHONE: (325) 695-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 01/23/2018 Owner Information LIVING RESOURCES LLC 3125 S 27TH ST ABILENE TX PHONE: (325) 695-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information LIVING RESOURCES LLC 3125 S 27TH ST ABILENE TX PHONE: (325) 695-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information LMS CONCEPTS INC PO BOX 270755 CORPUS CHRISTI TX	79605 FAX: (325) 794-0023 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE 79605 FAX: (325) 794-0023 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI 78427-0755

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County NUECES			Reg Svcs:	CORPUS CHRISTI 61		Region 11 - CORPUS CHRISTI
Facility Information:	Facility ID:	007124			Owner Information	5 .
CASTLE RIVER					DADS	
4013 CASTLE RIDGE					PO BOX 12668	
CORPUS CHRISTI	TX	78410 -			AUSTIN TX	78711
Phone (361) 241-9526		Fax			PHONE : (512) 454-3761	FAX:
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 5	PROGRAM TYPE: CF/IID	SERVICE TYPE STATE SCHOOL/STATE
Cert Alzh Capacity: 0		TITLE19:	0		TROOKAM TITE. 101/11D	CENTER
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt:	
County NUECES			Reg Svcs:	CORPUS CHRISTI 61		Region 11 - CORPUS CHRISTI
Facility Information:	Facility ID:	007111			Owner Information	
CORPUS CHRISTI STATE SUI	PPORTED LIV	ING CENTER			DADS	
902 AIRPORT RD CORPUS CHRISTI	TX	78405			PO BOX 12668	
Phone (361) 888-5301		Fax	(361) 844-7621		AUSTIN TX	78711
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 432	PHONE : (512) 454-3761	FAX:
Cert Alzh Capacity: 0		TITLE 19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE STATE SCHOOL/STATE
						CENTER
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt:	
County NUECES			Reg Svcs:	CORPUS CHRISTI 61		Region 11 - CORPUS CHRISTI
Facility Information:	Facility ID:	007581			Owner Information	
CROSSGATE HOUSE					ANCHOR HABILITATION SERVICES LLC	
5502 CROSSGATE N CORPUS CHRISTI	TX	78413			18443 REDLAND RD	
Phone (361) 657-0247		Fax	(361) 657-0250		SAN ANTONIO TX	78259-3571
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE: (361) 657-0247	FAX: (361) 657-0250
Cert Alzh Capacity: 0		TITLE 10.		ICITIID. 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 09/01/2018	
- INVAIL BOOS. 0		111EE 10/13.			200 1720 10	
O			D 0	CODDITIC CUDICTICA		Damier 44 CORRUG CURICTI
County NUECES	Escility ID:	003828	Reg Svcs:	CORPUS CHRISTI 61	Owner Information	Region 11 - CORPUS CHRISTI
Facility Information:	Facility ID:	003858	Reg Svcs:	CORPUS CHRISTI 61	Owner Information EDLICARE COMMUNITY LIVING CORPOR	•
•	•		Reg Svcs:	CORPUS CHRISTI 61	EDUCARE COMMUNITY LIVING CORPOR	•
Facility Information: EDUCARE COMMUNITY LIVIN	•		Reg Svcs:	CORPUS CHRISTI 61	EDUCARE COMMUNITY LIVING CORPOR	RATION - TEXAS
Facility Information: EDUCARE COMMUNITY LIVIN 4038 KILLARMET	IG CORPORA	TION - TEXAS	Reg Svcs:	CORPUS CHRISTI 61	EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY	AATION - TEXAS 40223
Facility Information: EDUCARE COMMUNITY LIVIN 4038 KILLARMET CORPUS CHRISTI	IG CORPORA	TION - TEXAS 78413	·	CORPUS CHRISTI 61 ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100	AATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: EDUCARE COMMUNITY LIVIN 4038 KILLARMET CORPUS CHRISTI Phone (361) 852-3928	IG CORPORA	78413 Fax	0		EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY	AATION - TEXAS 40223
Facility Information: EDUCARE COMMUNITY LIVIN 4038 KILLARMET CORPUS CHRISTI Phone (361) 852-3928 TOTAL Lic Capacity: 0	IG CORPORA	TION - TEXAS 78413 Fax TITLE 18:	0		EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100	AATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: EDUCARE COMMUNITY LIVIN 4038 KILLARMET CORPUS CHRISTI Phone (361) 852-3928 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	IG CORPORA	78413 Fax TITLE 18: TITLE19:	0		EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	AATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: EDUCARE COMMUNITY LIVIN 4038 KILLARMET CORPUS CHRISTI Phone (361) 852-3928 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	IG CORPORA	78413 Fax TITLE 18: TITLE19:	0 0 0	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	AATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
Facility Information: EDUCARE COMMUNITY LIVIN 4038 KILLARMET CORPUS CHRISTI Phone (361) 852-3928 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NUECES	IG CORPORA TX Facility ID:	78413 Fax TITLE 18: TITLE 18/19: 003664	0 0 0	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2017	AATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI
Facility Information: EDUCARE COMMUNITY LIVIN 4038 KILLARMET CORPUS CHRISTI Phone (361) 852-3928 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information: EDUCARE COMMUNITY LIVIN 9230 EVENING STAR	TX Facility ID: IG CORPORA	78413 Fax TITLE 18: TITLE 19: TITLE 18/19: 003664 TION - TEXAS	0 0 0	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2017 Owner Information	AATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI
Facility Information: EDUCARE COMMUNITY LIVIN 4038 KILLARMET CORPUS CHRISTI Phone (361) 852-3928 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information: EDUCARE COMMUNITY LIVIN 9230 EVENING STAR CORPUS CHRISTI	IG CORPORA TX Facility ID:	78413	0 0 0	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPOR	AATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI
Facility Information: EDUCARE COMMUNITY LIVIN 4038 KILLARMET CORPUS CHRISTI Phone (361) 852-3928 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information: EDUCARE COMMUNITY LIVIN 9230 EVENING STAR CORPUS CHRISTI Phone (361) 241-0365	TX Facility ID: IG CORPORA	78413 Fax TITLE 18: TITLE 19: TITLE 18/19: 003664 TION - TEXAS 78410 Fax	0 0 0 Reg Svcs:	ICF/IID: 6 CORPUS CHRISTI 61	EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD	AATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI RATION - TEXAS
Facility Information: EDUCARE COMMUNITY LIVIN 4038 KILLARMET CORPUS CHRISTI Phone (361) 852-3928 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information: EDUCARE COMMUNITY LIVIN 9230 EVENING STAR CORPUS CHRISTI Phone (361) 241-0365 TOTAL Lic Capacity: 0	TX Facility ID: IG CORPORA	TION - TEXAS 78413 Fax TITLE 18: TITLE 19: TITLE 18/19: 003664 TION - TEXAS 78410 Fax TITLE 18:	0 0 0 Reg Svcs:	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100	AATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI RATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: EDUCARE COMMUNITY LIVIN 4038 KILLARMET CORPUS CHRISTI Phone (361) 852-3928 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information: EDUCARE COMMUNITY LIVIN 9230 EVENING STAR CORPUS CHRISTI Phone (361) 241-0365 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID: IG CORPORA	78413 Fax TITLE 18: TITLE 18/19: 003664 TION - TEXAS 78410 Fax TITLE 18: TITLE 18: TITLE 19:	0 0 0 Reg Svcs:	ICF/IID: 6 CORPUS CHRISTI 61	EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	AATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI RATION - TEXAS 40223
Facility Information: EDUCARE COMMUNITY LIVIN 4038 KILLARMET CORPUS CHRISTI Phone (361) 852-3928 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information: EDUCARE COMMUNITY LIVIN 9230 EVENING STAR CORPUS CHRISTI Phone (361) 241-0365 TOTAL Lic Capacity: 0	TX Facility ID: IG CORPORA	TION - TEXAS 78413 Fax TITLE 18: TITLE 19: TITLE 18/19: 003664 TION - TEXAS 78410 Fax TITLE 18:	0 0 0 Reg Svcs:	ICF/IID: 6 CORPUS CHRISTI 61	EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100	AATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI RATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: EDUCARE COMMUNITY LIVIN 4038 KILLARMET CORPUS CHRISTI Phone (361) 852-3928 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information: EDUCARE COMMUNITY LIVIN 9230 EVENING STAR CORPUS CHRISTI Phone (361) 241-0365 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NUECES	Facility ID: IG CORPORA TX Facility ID: TX	78413 Fax TITLE 18: TITLE 18/19: 003664 TION - TEXAS 78410 Fax TITLE 18: TITLE 18: TITLE 19:	0 0 0 Reg Svcs:	ICF/IID: 6 CORPUS CHRISTI 61	EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2017	AATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI RATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: EDUCARE COMMUNITY LIVIN 4038 KILLARMET CORPUS CHRISTI Phone (361) 852-3928 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information: EDUCARE COMMUNITY LIVIN 9230 EVENING STAR CORPUS CHRISTI Phone (361) 241-0365 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information:	Facility ID: TX Facility ID: TX	78413	0 0 0 Reg Svcs:	ICF/IID: 6 CORPUS CHRISTI 61 ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPORE 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORE 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2017 Owner Information	AATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI RATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI
Facility Information: EDUCARE COMMUNITY LIVIN 4038 KILLARMET CORPUS CHRISTI Phone (361) 852-3928 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information: EDUCARE COMMUNITY LIVIN 9230 EVENING STAR CORPUS CHRISTI Phone (361) 241-0365 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information: EDUCARE COMMUNITY LIVIN	Facility ID: TX Facility ID: TX	78413	0 0 0 Reg Svcs:	ICF/IID: 6 CORPUS CHRISTI 61 ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2017	AATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI RATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI
Facility Information: EDUCARE COMMUNITY LIVIN 4038 KILLARMET CORPUS CHRISTI Phone (361) 852-3928 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information: EDUCARE COMMUNITY LIVIN 9230 EVENING STAR CORPUS CHRISTI Phone (361) 241-0365 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information:	Facility ID: TX Facility ID: TX	78413	0 0 0 Reg Svcs:	ICF/IID: 6 CORPUS CHRISTI 61 ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD	AATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI RATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI RATION - TEXAS
Facility Information: EDUCARE COMMUNITY LIVIN 4038 KILLARMET CORPUS CHRISTI Phone (361) 852-3928 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information: EDUCARE COMMUNITY LIVIN 9230 EVENING STAR CORPUS CHRISTI Phone (361) 241-0365 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information: EDUCARE COMMUNITY LIVIN 5502 BOWIE	Facility ID: TX Facility ID: Facility ID: GCORPORA	78413	0 0 0 Reg Svcs:	ICF/IID: 6 CORPUS CHRISTI 61 ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPOR	AATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI RATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI
Facility Information: EDUCARE COMMUNITY LIVIN 4038 KILLARMET CORPUS CHRISTI Phone (361) 852-3928 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information: EDUCARE COMMUNITY LIVIN 9230 EVENING STAR CORPUS CHRISTI Phone (361) 241-0365 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information: EDUCARE COMMUNITY LIVIN 5502 EOWIE COUNTY NUECES Facility Information: EDUCARE COMMUNITY LIVIN 5502 BOWIE CORPUS CHRISTI Phone (361) 854-7333	Facility ID: TX Facility ID: Facility ID: GCORPORA	78413	0 0 0 Reg Svcs:	ICF/IID: 6 CORPUS CHRISTI 61 ICF/IID: 6 CORPUS CHRISTI 61	EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD	AATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI RATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI RATION - TEXAS
Facility Information: EDUCARE COMMUNITY LIVIN 4038 KILLARMET CORPUS CHRISTI Phone (361) 852-3928 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information: EDUCARE COMMUNITY LIVIN 9230 EVENING STAR CORPUS CHRISTI Phone (361) 241-0365 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information: EDUCARE COMMUNITY LIVIN 9230 EVENING STAR CORPUS CHRISTI Phone (361) 241-0365 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information: EDUCARE COMMUNITY LIVIN 5502 BOWIE CORPUS CHRISTI Phone (361) 854-7333 TOTAL Lic Capacity: 0	Facility ID: TX Facility ID: Facility ID: GCORPORA	78413	0 0 0 Reg Svcs: 0 0 0 Reg Svcs:	ICF/IID: 6 CORPUS CHRISTI 61 ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY	AATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI RATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI RATION - TEXAS 40223 AATION - TEXAS 40223
Facility Information: EDUCARE COMMUNITY LIVIN 4038 KILLARMET CORPUS CHRISTI Phone (361) 852-3928 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information: EDUCARE COMMUNITY LIVIN 9230 EVENING STAR CORPUS CHRISTI Phone (361) 241-0365 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information: EDUCARE COMMUNITY LIVIN 5502 BOWIE CORPUS CHRISTI Phone (361) 854-7333	Facility ID: TX Facility ID: Facility ID: GCORPORA	78413	0 0 0 Reg Svcs: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ICF/IID: 6 CORPUS CHRISTI 61 ICF/IID: 6 CORPUS CHRISTI 61	EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 CONTROL OF THE CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100	AATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI AATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI AATION - TEXAS 40223 FAX: (502) 394-2285

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County NUECES			Pog Sv	s: CORPUS CHRISTI 61		Region 11 - CORPUS CHRISTI
County NUECES Facility Information:	Facility ID:	007258	Reg Svo	S. CORPUS CHRISTI 0	Owner Information	Region 11 - CORPUS CHRISTI
EDUCARE COMMUNITY LIVIN	•				EDUCARE COMMUNITY LIVING CORPO	ORATION - TEXAS
4913 EIDER					9901 LINN STATION RD	
CORPUS CHRISTI	TX	78413			LOUISVILLE KY	40223
Phone (361) 994-9103		Fax			PHONE : (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:	-			CENTICE THE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 08/01/2017	
County NUECES			Reg Svo	s: CORPUS CHRISTI 61		Region 11 - CORPUS CHRISTI
Facility Information:	Facility ID:	007265			Owner Information	
EDUCARE COMMUNITY LIVIN 409 SHERIDAN	NG CORPORAT	TION - TEXAS			EDUCARE COMMUNITY LIVING CORPO	ORATION - TEXAS
CORPUS CHRISTI	TX	78412			9901 LINN STATION RD	40000
Phone (361) 993-2950		Fax			LOUISVILLE KY	40223
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (502) 394-2100	FAX: (502) 394-2285
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 08/01/2017	
County NUECES			Reg Svo	s: CORPUS CHRISTI 61		Region 11 - CORPUS CHRISTI
Facility Information:	Facility ID:	003660			Owner Information	
EDUCARE COMMUNITY LIVIN	NG CORPORAT	TION - TEXAS			EDUCARE COMMUNITY LIVING CORPO	ORATION - TEXAS
5310 WENTWORTH CORPUS CHRISTI	TX	78413			9901 LINN STATION RD	
Phone (361) 906-1005	1.4	Fax			LOUISVILLE KY	40223
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (502) 394-2100	FAX: (502) 394-2285
Cert Alzh Capacity: 0		TITLE 10.		ICI/IID. 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 08/01/2017	
O I NUICOFO			Б. 0	CORRUG OURIOTI OF		D : 44 CORPUIS CUIDIOTI
County NUECES	Facility ID:	007363	Reg Svo	s: CORPUS CHRISTI 61		Region 11 - CORPUS CHRISTI
Facility Information:	Facility ID:	007363 TION-TEXAS	Reg Svo	s: CORPUS CHRISTI 61	Owner Information	·
Facility Information: EDUCARE COMMUNITY LIVIN 9329 MOON LIGHT DR	•		Reg Svo	s: CORPUS CHRISTI 61	Owner Information EDUCARE COMMUNITY LIVING CORPO	·
Facility Information: EDUCARE COMMUNITY LIVIN 9329 MOON LIGHT DR CORPUS CHRISTI	•	TION-TEXAS 78409	Reg Svo	s: CORPUS CHRISTI 61	Owner Information	·
Facility Information: EDUCARE COMMUNITY LIVIN 9329 MOON LIGHT DR CORPUS CHRISTI Phone (361) 242-1641	NG CORPORAT	78409 Fax	·		Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY	ORATION - TEXAS 40223
Facility Information: EDUCARE COMMUNITY LIVIN 9329 MOON LIGHT DR CORPUS CHRISTI Phone (361) 242-1641 TOTAL Lic Capacity: 0	NG CORPORAT	78409 Fax TITLE 18:	0	s: CORPUS CHRISTI 61	Owner Information EDUCARE COMMUNITY LIVING CORPORATION RD LOUISVILLE KY PHONE: (502) 394-2100	ORATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: EDUCARE COMMUNITY LIVIN 9329 MOON LIGHT DR CORPUS CHRISTI Phone (361) 242-1641 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	NG CORPORAT	78409 Fax TITLE 18: TITLE19:	0 0		Owner Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	ORATION - TEXAS 40223
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Facility Information: EDUCARE COMMUNITY LIVIN 9329 MOON LIGHT DR CORPUS CHRISTI Phone (361) 242-1641 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	NG CORPORAT	78409 Fax TITLE 18: TITLE19:	0 0	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017	ORATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: EDUCARE COMMUNITY LIVIN 9329 MOON LIGHT DR CORPUS CHRISTI Phone (361) 242-1641 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information:	NG CORPORAT TX Facility ID:	78409 Fax TITLE 18: TITLE 19: TITLE 18/19:	0 0 0	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017	ORATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI
Facility Information: EDUCARE COMMUNITY LIVIN 9329 MOON LIGHT DR CORPUS CHRISTI Phone (361) 242-1641 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information: EDUCARE COMMUNITY LIVIN	NG CORPORAT TX Facility ID:	78409 Fax TITLE 18: TITLE 19: TITLE 18/19:	0 0 0	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORT	ORATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI
Facility Information: EDUCARE COMMUNITY LIVIN 9329 MOON LIGHT DR CORPUS CHRISTI Phone (361) 242-1641 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information:	NG CORPORAT TX Facility ID:	78409 Fax TITLE 18: TITLE 19: TITLE 18/19:	0 0 0	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD	ORATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI ORATION - TEXAS
Facility Information: EDUCARE COMMUNITY LIVIN 9329 MOON LIGHT DR CORPUS CHRISTI Phone (361) 242-1641 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information: EDUCARE COMMUNITY LIVIN 4053 MOUNTAIN VIEW	TX Facility ID: NG CORPORAT	78409 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY	ORATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI ORATION - TEXAS 40223
Facility Information: EDUCARE COMMUNITY LIVIN 9329 MOON LIGHT DR CORPUS CHRISTI Phone (361) 242-1641 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information: EDUCARE COMMUNITY LIVIN 4053 MOUNTAIN VIEW CORPUS CHRISTI	TX Facility ID: NG CORPORAT	78409 Fax TITLE 18: TITLE 19: TITLE 18/19: 007433 TION-TEXAS 78410	0 0 0 Reg Svo	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100	ORATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI ORATION - TEXAS 40223 FAX: (502) 394-2285
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Facility Information: EDUCARE COMMUNITY LIVIN 9329 MOON LIGHT DR CORPUS CHRISTI Phone (361) 242-1641 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information: EDUCARE COMMUNITY LIVIN 4053 MOUNTAIN VIEW CORPUS CHRISTI Phone (361) 241-9921 TOTAL Lic Capacity: 0	TX Facility ID: NG CORPORAT	78409 Fax TITLE 18: TITLE 19: TITLE 18/19: 007433 TION-TEXAS 78410 Fax TITLE 18:	0 0 0 Reg Svo	ICF/IID: 6 s: CORPUS CHRISTI 61	Owner Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100	ORATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI ORATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: EDUCARE COMMUNITY LIVIN 9329 MOON LIGHT DR CORPUS CHRISTI Phone (361) 242-1641 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information: EDUCARE COMMUNITY LIVIN 4053 MOUNTAIN VIEW CORPUS CHRISTI Phone (361) 241-9921 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID: NG CORPORAT	78409 Fax TITLE 18: TITLE 18/19: 007433 TION-TEXAS 78410 Fax TITLE 18: TITLE 18: TITLE 19:	0 0 0 Reg Svo	ICF/IID: 6 s: CORPUS CHRISTI 61 ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017	ORATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI ORATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: EDUCARE COMMUNITY LIVIN 9329 MOON LIGHT DR CORPUS CHRISTI Phone (361) 242-1641 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information: EDUCARE COMMUNITY LIVIN 4053 MOUNTAIN VIEW CORPUS CHRISTI Phone (361) 241-9921 TOTAL Lic Capacity: 0 PRIVATE Beds: 0	TX Facility ID: NG CORPORAT	78409 Fax TITLE 18: TITLE 18/19: 007433 TION-TEXAS 78410 Fax TITLE 18: TITLE 18: TITLE 19:	0 0 0 Reg Svo	ICF/IID: 6 s: CORPUS CHRISTI 61 ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI ORATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
Facility Information: EDUCARE COMMUNITY LIVIN 9329 MOON LIGHT DR CORPUS CHRISTI Phone (361) 242-1641 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information: EDUCARE COMMUNITY LIVIN 4053 MOUNTAIN VIEW CORPUS CHRISTI Phone (361) 241-9921 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information: NUECES Facility Information:	TX Facility ID: NG CORPORAT TX	78409 Fax TITLE 18: TITLE 19: TITLE 18/19: 007433 TION-TEXAS 78410 Fax TITLE 18: TITLE 18: TITLE 18: TITLE 19:	0 0 0 Reg Svo	ICF/IID: 6 s: CORPUS CHRISTI 61 ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI ORATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI
Facility Information: EDUCARE COMMUNITY LIVIN 9329 MOON LIGHT DR CORPUS CHRISTI Phone (361) 242-1641 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information: EDUCARE COMMUNITY LIVIN 4053 MOUNTAIN VIEW CORPUS CHRISTI Phone (361) 241-9921 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information:	TX Facility ID: NG CORPORAT TX	78409 Fax TITLE 18: TITLE 19: TITLE 18/19: 007433 TION-TEXAS 78410 Fax TITLE 18: TITLE 18: TITLE 18: TITLE 19:	0 0 0 Reg Svo	ICF/IID: 6 s: CORPUS CHRISTI 61 ICF/IID: 6	DWNer Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI DRATION - TEXAS
Facility Information: EDUCARE COMMUNITY LIVIN 9329 MOON LIGHT DR CORPUS CHRISTI Phone (361) 242-1641 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information: EDUCARE COMMUNITY LIVIN 4053 MOUNTAIN VIEW CORPUS CHRISTI Phone (361) 241-9921 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information: NELON 11730 NELON	Facility ID: TX Facility ID: TX Facility ID:	78409 Fax TITLE 18: TITLE 19: TITLE 18/19: 007433 TION-TEXAS 78410 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18: TITLE 19: TITLE 18/19:	0 0 0 Reg Svo	ICF/IID: 6 s: CORPUS CHRISTI 61 ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORT 9001 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI ORATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI
Facility Information: EDUCARE COMMUNITY LIVIN 9329 MOON LIGHT DR CORPUS CHRISTI Phone (361) 242-1641 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information: EDUCARE COMMUNITY LIVIN 4053 MOUNTAIN VIEW CORPUS CHRISTI Phone (361) 241-9921 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information: County NUECES Facility Information: NUECES Facility Information: NUECES Facility Information: NUECES Facility Information: NELON 11730 NELON CORPUS CHRISTI	Facility ID: TX Facility ID: TX Facility ID:	78409	0 0 0 Reg Svo	ICF/IID: 6 s: CORPUS CHRISTI 61 ICF/IID: 6	DWNer Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI DRATION - TEXAS
Facility Information: EDUCARE COMMUNITY LIVIN 9329 MOON LIGHT DR CORPUS CHRISTI Phone (361) 242-1641 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information: EDUCARE COMMUNITY LIVIN 4053 MOUNTAIN VIEW CORPUS CHRISTI Phone (361) 241-9921 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information: NELON 11730 NELON CORPUS CHRISTI Phone (361) 241-7077	Facility ID: TX Facility ID: TX Facility ID:	78409	0 0 0 Reg Svo 0 0 0 0 (361) 854-7578	ICF/IID: 6 S: CORPUS CHRISTI 61 ICF/IID: 6 S: CORPUS CHRISTI 61	DWNer Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 OWNER Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 OWNER Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LICENSE Exp Dt: 09/01/2017	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI ORATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI ORATION - TEXAS 40223 A0223 REGION 11 - CORPUS CHRISTI ORATION - TEXAS 40223
Facility Information: EDUCARE COMMUNITY LIVIN 9329 MOON LIGHT DR CORPUS CHRISTI Phone (361) 242-1641 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information: EDUCARE COMMUNITY LIVIN 4053 MOUNTAIN VIEW CORPUS CHRISTI Phone (361) 241-9921 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information: CORPUS CHRISTI Phone (361) 241-9921 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County NUECES Facility Information: NELON 11730 NELON CORPUS CHRISTI Phone (361) 241-7077 TOTAL Lic Capacity: 0	Facility ID: TX Facility ID: TX Facility ID:	78409	0 0 0 Reg Svo 0 0 0 0 (361) 854-7578	ICF/IID: 6 S: CORPUS CHRISTI 61 ICF/IID: 6 S: CORPUS CHRISTI 61	Owner Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 CONTRACTOR OF CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI ORATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 11 - CORPUS CHRISTI ORATION - TEXAS 40223 FAX: (502) 394-2285

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County NUECES			Reg Svcs:	CORPUS CHRISTI 61		Region 11 - CORPUS CHRISTI
Facility Information:	Facility ID:	007123	-		Owner Information	•
RIVER FOREST					DADS	
5021 CALALLEN DRIVE CORPUS CHRISTI	TX	78410			PO BOX 12668	70744
Phone (361) 241-5312		Fax			AUSTIN TX	78711
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 5	PHONE : (512) 454-3761	FAX:
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE STATE SCHOOL/STATE CENTER
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt:	
County NUECES			Reg Svcs:	CORPUS CHRISTI 61		Region 11 - CORPUS CHRISTI
Facility Information:	Facility ID:	007391			Owner Information	
WINTERPARK HOUSE 7022 WINTERPARK					ANCHOR HABILITATION SERVICES LLC	
CORPUS CHRISTI	TX	78413			18443 REDLAND RD	70070 0774
Phone (361) 657-0247		Fax	(361) 657-0250		SAN ANTONIO TX	78259-3571
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (361) 657-0247	FAX : (361) 657-0250
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 09/01/2018	
County ORANGE			Reg Svcs:	REGION 5 ICF/IID		Region 05 - BEAUMONT
Facility Information:	Facility ID:	003871	J •-		Owner Information	•
CYPRESS STREET GROUP H	HOME				EDUCARE COMMUNITY LIVING CORPO	RATION - TEXAS
1302 W. CYPRESS AVENUE	TX	77000			9901 LINN STATION RD	
ORANGE Phone (409) 882-9442	1.4	77630 Fax	(409) 882-9900		LOUISVILLE KY	40223
(11)			, ,	IOF/IID	PHONE : (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0		TITLE 18: TITLE19:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	•		License Exp Dt: 08/01/2017	
THIVALE BOOS. ()		111LL 10/13.	0		00/01/2017	
County ORANGE	F994 ID.	007400	Reg Svcs:	REGION 5 ICF/IID	O	Region 05 - BEAUMONT
Facility Information:	Facility ID:	007482	Reg Svcs:	REGION 5 ICF/IID	Owner Information	·
•	•	007482	Reg Svcs:	REGION 5 ICF/IID	DEVELOPMENTAL DISABILITIES MANAG	Region 05 - BEAUMONT GEMENT SERVICES OF BEAUMONT, LLC
Facility Information: WESTMONT COMMUNITY HO	•	007482 77630	Reg Svcs:	REGION 5 ICF/IID	DEVELOPMENTAL DISABILITIES MANAGE 4115 GALVESTON ROAD	GEMENT SERVICES OF BEAUMONT, LLC
Facility Information: WESTMONT COMMUNITY HO 2204 N 24TH STREET	OME		Reg Svcs: (409) 832-6974	REGION 5 ICF/IID	DEVELOPMENTAL DISABILITIES MANAC 4115 GALVESTON ROAD HOUSTON TX	GEMENT SERVICES OF BEAUMONT, LLC 77017
Facility Information: WESTMONT COMMUNITY HO 2204 N 24TH STREET ORANGE	OME	77630	(409) 832-6974	REGION 5 ICF/IID ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANACE 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228	GEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212
Facility Information: WESTMONT COMMUNITY HO 2204 N 24TH STREET ORANGE Phone (409) 832-4112	OME	77630 Fax	(409) 832-6974 0		DEVELOPMENTAL DISABILITIES MANAC 4115 GALVESTON ROAD HOUSTON TX	GEMENT SERVICES OF BEAUMONT, LLC 77017
Facility Information: WESTMONT COMMUNITY HO 2204 N 24TH STREET ORANGE Phone (409) 832-4112 TOTAL Lic Capacity: 0	OME	77630 Fax TITLE 18:	(409) 832-6974 0		DEVELOPMENTAL DISABILITIES MANACE 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228	GEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212
Facility Information: WESTMONT COMMUNITY HO 2204 N 24TH STREET ORANGE Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	OME	77630 Fax TITLE 18: TITLE19:	(409) 832-6974 0		DEVELOPMENTAL DISABILITIES MANACE 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID	GEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212
Facility Information: WESTMONT COMMUNITY HO 2204 N 24TH STREET ORANGE Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	OME	77630 Fax TITLE 18: TITLE19:	(409) 832-6974 0 0	ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANACE 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID	GEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED
Facility Information: WESTMONT COMMUNITY HO 2204 N 24TH STREET ORANGE Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County PALO PINTO Facility Information: NORTHWEST 23RD STREET	TX	77630 Fax TITLE 18: TITLE19: TITLE 18/19:	(409) 832-6974 0 0	ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANACE 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019	GEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED
Facility Information: WESTMONT COMMUNITY HO 2204 N 24TH STREET ORANGE Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County PALO PINTO Facility Information: NORTHWEST 23RD STREET 202 NW 23RD ST	TX	77630 Fax TITLE 18: TITLE19: TITLE 18/19:	(409) 832-6974 0 0	ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANACE 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information PECAN VALLEY MHMR REGION PO BOX 973	GEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: WESTMONT COMMUNITY HO 2204 N 24TH STREET ORANGE Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County PALO PINTO Facility Information: NORTHWEST 23RD STREET	TX Facility ID:	77630 Fax TITLE 18: TITLE19: TITLE 18/19:	(409) 832-6974 0 0	ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANACE 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information PECAN VALLEY MHMR REGION PO BOX 973 STEPHENVILLE TX	GEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76401
Facility Information: WESTMONT COMMUNITY HO 2204 N 24TH STREET ORANGE Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County PALO PINTO Facility Information: NORTHWEST 23RD STREET 202 NW 23RD ST MINERAL WELLS	TX Facility ID:	77630 Fax TITLE 18: TITLE 19: TITLE 18/19: 003946 76067	(409) 832-6974 0 0 0 Reg Svcs:	ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANACE 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information PECAN VALLEY MHMR REGION PO BOX 973	GEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: WESTMONT COMMUNITY HO 2204 N 24TH STREET ORANGE Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County PALO PINTO Facility Information: NORTHWEST 23RD STREET 202 NW 23RD ST MINERAL WELLS Phone (817) 328-1508	TX Facility ID:	77630 Fax TITLE 18: TITLE19: TITLE 18/19: 003946 76067 Fax	(409) 832-6974 0 0 0 Reg Svcs: (817) 965-7806 0	ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANACE 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information PECAN VALLEY MHMR REGION PO BOX 973 STEPHENVILLE TX	GEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76401
Facility Information: WESTMONT COMMUNITY HO 2204 N 24TH STREET ORANGE Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County PALO PINTO Facility Information: NORTHWEST 23RD STREET 202 NW 23RD ST MINERAL WELLS Phone (817) 328-1508 TOTAL Lic Capacity: 0	TX Facility ID:	77630 Fax TITLE 18: TITLE 19: TITLE 18/19: 003946 76067 Fax TITLE 18:	(409) 832-6974 0 0 0 Reg Svcs: (817) 965-7806 0	ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANACE 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information PECAN VALLEY MHMR REGION PO BOX 973 STEPHENVILLE TX PHONE:	GEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76401 FAX:
Facility Information: WESTMONT COMMUNITY HO 2204 N 24TH STREET ORANGE Phone (409) 832-4112 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County PALO PINTO Facility Information: NORTHWEST 23RD STREET 202 NW 23RD ST MINERAL WELLS Phone (817) 328-1508 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	77630	(409) 832-6974 0 0 0 Reg Svcs: (817) 965-7806 0	ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANACE 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information PECAN VALLEY MHMR REGION PO BOX 973 STEPHENVILLE TX PHONE: PROGRAM TYPE: ICF/IID	GEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76401 FAX:
Facility Information: WESTMONT COMMUNITY HO 2204 N 24TH STREET ORANGE Phone (409) 832-4112 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County PALO PINTO Facility Information: NORTHWEST 23RD STREET 202 NW 23RD ST MINERAL WELLS Phone (817) 328-1508 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	77630	(409) 832-6974 0 0 0 Reg Svcs: (817) 965-7806 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANACE 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information PECAN VALLEY MHMR REGION PO BOX 973 STEPHENVILLE TX PHONE: PROGRAM TYPE: ICF/IID	GEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76401 FAX: SERVICE TYPE GOVERNMENT BASED
Facility Information: WESTMONT COMMUNITY HO 2204 N 24TH STREET ORANGE Phone (409) 832-4112 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County PALO PINTO Facility Information: NORTHWEST 23RD STREET 202 NW 23RD ST MINERAL WELLS Phone (817) 328-1508 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County PARKER Facility Information: ELM COURT	TX Facility ID:	77630 Fax TITLE 18: TITLE19: TITLE 18/19: 003946 76067 Fax TITLE 18: TITLE 19: TITLE 18/19:	(409) 832-6974 0 0 0 Reg Svcs: (817) 965-7806 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANACE 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information PECAN VALLEY MHMR REGION PO BOX 973 STEPHENVILLE TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt:	GEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76401 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON
Facility Information: WESTMONT COMMUNITY HO 2204 N 24TH STREET ORANGE Phone (409) 832-4112 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County PALO PINTO Facility Information: NORTHWEST 23RD STREET 202 NW 23RD ST MINERAL WELLS Phone (817) 328-1508 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County PARKER Facility Information: ELM COURT 928 ELM COURT	TX Facility ID: TX Facility ID:	77630 Fax TITLE 18: TITLE19: TITLE 18/19: 003946 76067 Fax TITLE 18: TITLE 19: TITLE 18/19:	(409) 832-6974 0 0 0 Reg Svcs: (817) 965-7806 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANACE 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information PECAN VALLEY MHMR REGION PO BOX 973 STEPHENVILLE TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information	GEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76401 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON
Facility Information: WESTMONT COMMUNITY HO 2204 N 24TH STREET ORANGE Phone (409) 832-4112 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County PALO PINTO Facility Information: NORTHWEST 23RD STREET 202 NW 23RD ST MINERAL WELLS Phone (817) 328-1508 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County PARKER Facility Information: ELM COURT	TX Facility ID:	77630 Fax TITLE 18: TITLE19: TITLE 18/19: 003946 76067 Fax TITLE 18: TITLE 19: TITLE 18/19:	(409) 832-6974 0 0 0 Reg Svcs: (817) 965-7806 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANACE 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information PECAN VALLEY MHMR REGION PO BOX 973 STEPHENVILLE TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information MAINSTREAM HABILITATION SERVICES	GEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76401 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON
Facility Information: WESTMONT COMMUNITY HO 2204 N 24TH STREET ORANGE Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County PALO PINTO Facility Information: NORTHWEST 23RD STREET 202 NW 23RD ST MINERAL WELLS Phone (817) 328-1508 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County PARKER Facility Information: ELM COURT 928 ELM COURT AZLE Phone (817) 270-2747	TX Facility ID: TX Facility ID:	77630	(409) 832-6974 0 0 0 Reg Svcs: (817) 965-7806 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANACE 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information PECAN VALLEY MHMR REGION PO BOX 973 STEPHENVILLE TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information MAINSTREAM HABILITATION SERVICES 301 COMMERCE	GEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76401 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON
Facility Information: WESTMONT COMMUNITY HO 2204 N 24TH STREET ORANGE Phone (409) 832-4112 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County PALO PINTO Facility Information: NORTHWEST 23RD STREET 202 NW 23RD ST MINERAL WELLS Phone (817) 328-1508 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County PARKER Facility Information: ELM COURT 928 ELM COURT AZLE	TX Facility ID: TX Facility ID:	77630	(409) 832-6974 0 0 0 Reg Svcs: (817) 965-7806 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANACE 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information PECAN VALLEY MHMR REGION PO BOX 973 STEPHENVILLE TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information MAINSTREAM HABILITATION SERVICES 301 COMMERCE AZLE TX	GEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76401 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON 6 OF TEXAS INC 76020
Facility Information: WESTMONT COMMUNITY HO 2204 N 24TH STREET ORANGE Phone (409) 832-4112 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County PALO PINTO Facility Information: NORTHWEST 23RD STREET 202 NW 23RD ST MINERAL WELLS Phone (817) 328-1508 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County PARKER Facility Information: County PARKER Facility Information: ELM COURT 928 ELM COURT AZLE Phone (817) 270-2747 TOTAL Lic Capacity: 0	TX Facility ID: TX Facility ID:	77630	(409) 832-6974 0 0 0 Reg Svcs: (817) 965-7806 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	DEVELOPMENTAL DISABILITIES MANACE 4115 GALVESTON ROAD HOUSTON TX PHONE: (713) 475-2228 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information PECAN VALLEY MHMR REGION PO BOX 973 STEPHENVILLE TX PHONE: PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information MAINSTREAM HABILITATION SERVICES 301 COMMERCE AZLE TX PHONE: (817) 270-2747	GEMENT SERVICES OF BEAUMONT, LLC 77017 FAX: (713) 472-2212 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76401 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON 6 OF TEXAS INC 76020 FAX: (817) 270-1477

Wednesday, January 04, 2017 Page 96 of 138

County PARKER			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	007209	·		Owner Information	·
TANGLEWOOD					MAINSTREAM HABILITATION SERVICES	S OF TEXAS INC
1613 TANGLEWOOD AZLE	TX	76020			301 COMMERCE	
Phone (817) 221-4945	IA.	Fax	(817) 270-1477		AZLE TX	76020
TOTAL Lic Capacity: 0		TITLE 18:	, ,	ICF/IID: 6	PHONE : (817) 270-2747	FAX: (817) 270-1477
Cert Alzh Capacity: 0		TITLE 19:		iornib. 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 07/11/2017	
County PARKER			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	003610	· J · · ·		Owner Information	
MILL STREET					PECAN VALLEY MHMR REGION	
1212 S MILL ST WEATHERFORD	TX	76086			PO BOX 973	
Phone (817) 598-0559	IA	Fax	(817) 599-7636		STEPHENVILLE TX	76401
TOTAL Lic Capacity: 0		TITLE 18:	` '	ICF/IID: 6	PHONE:	FAX:
Cert Alzh Capacity: 0		TITLE 10.		ICF/IID. 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt:	
County POLK			Reg Svcs:	REGION 5 ICF/IID	<u> </u>	Region 05 - BEAUMONT
Facility Information:	Facility ID:	007537	neg ovos.	REGION 3 IOI /IID	Owner Information	Region 65 - BEAGMONT
NEW DAY HOUSE					NEW DAY INTERMEDIATE CARE LLC	
4530 HWY 190E		77054			11722 GRAY FOREST TRAIL	
LIVINGSTON Phone (026) 227 7075	TX	77351 Fax	(026) 227 5142		TOMBALL TX	77377
Phone (936) 327-7075			(936) 327-5143		PHONE : (832) 860-8417	FAX: (832) 559-8552
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0		TITLE 18: TITLE19:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 09/01/2017	
TRIVATE Deus. 0		111LL 10/13.	U		LICENSE LAP DL. 03/01/2017	
						_
County RANDALL	5 11 ID	007040	Reg Svcs:	HIGH PLAINS ICF/MR		Region 01 - LUBBOCK
Facility Information:	Facility ID:	007613	Reg Svcs:	HIGH PLAINS ICF/MR	Owner Information	Region 01 - LUBBOCK
•	Facility ID:	007613	Reg Svcs:	HIGH PLAINS ICF/MR	Owner Information ADVO COMPANIES INC	Region 01 - LUBBOCK
Facility Information: ANDOVER 7006 ANDOVER AMARILLO	Facility ID:	79109	•	HIGH PLAINS ICF/MR	Owner Information	Region 01 - LUBBOCK
Facility Information: ANDOVER 7006 ANDOVER	·		Reg Svcs:	HIGH PLAINS ICF/MR	Owner Information ADVO COMPANIES INC PO BOX 51744 AMARILLO TX	79159
Facility Information: ANDOVER 7006 ANDOVER AMARILLO Phone (806) 342-0600 TOTAL Lic Capacity: 0	·	79109 Fax TITLE 18:	(806) 342-0900 0	HIGH PLAINS ICF/MR	Owner Information ADVO COMPANIES INC PO BOX 51744 AMARILLO TX PHONE: (806) 342-0600	79159 FAX: (806) 342-0900
Facility Information: ANDOVER 7006 ANDOVER AMARILLO Phone (806) 342-0600 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	79109 Fax TITLE 18: TITLE19:	(806) 342-0900 0		Owner Information ADVO COMPANIES INC PO BOX 51744 AMARILLO TX PHONE: (806) 342-0600 PROGRAM TYPE: ICF/IID	79159
Facility Information: ANDOVER 7006 ANDOVER AMARILLO Phone (806) 342-0600 TOTAL Lic Capacity: 0	·	79109 Fax TITLE 18:	(806) 342-0900 0		Owner Information ADVO COMPANIES INC PO BOX 51744 AMARILLO TX PHONE: (806) 342-0600	79159 FAX: (806) 342-0900
Facility Information: ANDOVER 7006 ANDOVER AMARILLO Phone (806) 342-0600 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County RANDALL	тх	79109 Fax TITLE 18: TITLE19: TITLE 18/19:	(806) 342-0900 0		Owner Information ADVO COMPANIES INC PO BOX 51744 AMARILLO TX PHONE: (806) 342-0600 PROGRAM TYPE: ICF/IID License Exp Dt: 06/29/2016	79159 FAX: (806) 342-0900
Facility Information: ANDOVER 7006 ANDOVER AMARILLO Phone (806) 342-0600 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County RANDALL Facility Information:	·	79109 Fax TITLE 18: TITLE19:	(806) 342-0900 0 0	ICF/IID: 6	Owner Information ADVO COMPANIES INC PO BOX 51744 AMARILLO TX PHONE: (806) 342-0600 PROGRAM TYPE: ICF/IID License Exp Dt: 06/29/2016 Owner Information	79159 FAX: (806) 342-0900 SERVICE TYPE PRIVATELY OWNED
Facility Information: ANDOVER 7006 ANDOVER AMARILLO Phone (806) 342-0600 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County RANDALL Facility Information: AVONDALE	тх	79109 Fax TITLE 18: TITLE19: TITLE 18/19:	(806) 342-0900 0 0	ICF/IID: 6	Owner Information ADVO COMPANIES INC PO BOX 51744 AMARILLO TX PHONE: (806) 342-0600 PROGRAM TYPE: ICF/IID License Exp Dt: 06/29/2016 Owner Information ADVO COMPANIES INC	79159 FAX: (806) 342-0900 SERVICE TYPE PRIVATELY OWNED
Facility Information: ANDOVER 7006 ANDOVER AMARILLO Phone (806) 342-0600 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County RANDALL Facility Information:	тх	79109 Fax TITLE 18: TITLE19: TITLE 18/19:	(806) 342-0900 0 0	ICF/IID: 6	Name	79159 FAX: (806) 342-0900 SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK
Facility Information: ANDOVER 7006 ANDOVER AMARILLO Phone (806) 342-0600 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County RANDALL Facility Information: AVONDALE 6911 VISION	TX Facility ID:	79109 Fax TITLE 18: TITLE19: TITLE 18/19:	(806) 342-0900 0 0	ICF/IID: 6	Owner Information ADVO COMPANIES INC PO BOX 51744 AMARILLO TX PHONE: (806) 342-0600 PROGRAM TYPE: ICF/IID License Exp Dt: 06/29/2016 Owner Information ADVO COMPANIES INC PO BOX 51744 AMARILLO TX	79159 FAX: (806) 342-0900 SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK
Facility Information: ANDOVER 7006 ANDOVER AMARILLO Phone (806) 342-0600 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County RANDALL Facility Information: AVONDALE 6911 VISION AMARILLO	TX Facility ID:	79109	(806) 342-0900 0 0 Reg Svcs:	ICF/IID: 6	Owner Information ADVO COMPANIES INC PO BOX 51744 AMARILLO TX PHONE: (806) 342-0600 PROGRAM TYPE: ICF/IID License Exp Dt: 06/29/2016 Owner Information ADVO COMPANIES INC PO BOX 51744 AMARILLO TX PHONE: (806) 342-0600	79159 FAX: (806) 342-0900 SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK 79159 FAX: (806) 342-0900
Facility Information: ANDOVER 7006 ANDOVER AMARILLO Phone (806) 342-0600 TOTAL Lic Capacity: 0	TX Facility ID:	79109	(806) 342-0900 0 0 Reg Svcs:	ICF/IID: 6 HIGH PLAINS ICF/MR	Owner Information ADVO COMPANIES INC PO BOX 51744 AMARILLO TX PHONE: (806) 342-0600 PROGRAM TYPE: ICF/IID License Exp Dt: 06/29/2016 Owner Information ADVO COMPANIES INC PO BOX 51744 AMARILLO TX	79159 FAX: (806) 342-0900 SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK
Facility Information: ANDOVER 7006 ANDOVER AMARILLO Phone (806) 342-0600 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County RANDALL Facility Information: AVONDALE 6911 VISION AMARILLO Phone (806) 342-0600 TOTAL Lic Capacity: 0	TX Facility ID:	79109	(806) 342-0900 0 0 Reg Svcs: (806) 342-0900 0	ICF/IID: 6 HIGH PLAINS ICF/MR	Owner Information ADVO COMPANIES INC PO BOX 51744 AMARILLO TX PHONE: (806) 342-0600 PROGRAM TYPE: ICF/IID License Exp Dt: 06/29/2016 Owner Information ADVO COMPANIES INC PO BOX 51744 AMARILLO TX PHONE: (806) 342-0600	79159 FAX: (806) 342-0900 SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK 79159 FAX: (806) 342-0900
Facility Information: ANDOVER 7006 ANDOVER AMARILLO Phone (806) 342-0600 TOTAL Lic Capacity: 0	TX Facility ID:	79109	(806) 342-0900 0 0 Reg Svcs: (806) 342-0900 0	ICF/IID: 6 HIGH PLAINS ICF/MR	Owner Information ADVO COMPANIES INC PO BOX 51744 AMARILLO TX PHONE: (806) 342-0600 PROGRAM TYPE: ICF/IID License Exp Dt: 06/29/2016 Owner Information ADVO COMPANIES INC PO BOX 51744 AMARILLO TX PHONE: (806) 342-0600 PROGRAM TYPE: ICF/IID License Exp Dt: 01/30/2018	79159 FAX: (806) 342-0900 SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK 79159 FAX: (806) 342-0900
Facility Information: ANDOVER 7006 ANDOVER AMARILLO Phone (806) 342-0600 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County RANDALL Facility Information: AVONDALE 6911 VISION AMARILLO Phone (806) 342-0600 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County RANDALL Facility Information:	TX Facility ID:	79109	(806) 342-0900 0 0 Reg Svcs: (806) 342-0900 0	ICF/IID: 6 HIGH PLAINS ICF/MR ICF/IID: 6	Owner Information ADVO COMPANIES INC PO BOX 51744 AMARILLO TX PHONE: (806) 342-0600 PROGRAM TYPE: ICF/IID License Exp Dt: 06/29/2016 Owner Information ADVO COMPANIES INC PO BOX 51744 AMARILLO AMARILLO TX PHONE: (806) 342-0600 PROGRAM TYPE: ICF/IID License Exp Dt: 01/30/2018	79159 FAX: (806) 342-0900 SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK 79159 FAX: (806) 342-0900 SERVICE TYPE PRIVATELY OWNED
Facility Information: ANDOVER 7006 ANDOVER AMARILLO Phone (806) 342-0600 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County RANDALL Facility Information: AVONDALE 6911 VISION AMARILLO Phone (806) 342-0600 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County RANDALL Facility Information: EL PASO	TX Facility ID:	79109	(806) 342-0900 0 0 Reg Svcs: (806) 342-0900 0	ICF/IID: 6 HIGH PLAINS ICF/MR ICF/IID: 6	Owner Information ADVO COMPANIES INC PO BOX 51744 AMARILLO TX PHONE: (806) 342-0600 PROGRAM TYPE: ICF/IID License Exp Dt: 06/29/2016 Owner Information ADVO COMPANIES INC PO BOX 51744 AMARILLO AMARILLO TX PHONE: (806) 342-0600 PROGRAM TYPE: ICF/IID License Exp Dt: 01/30/2018 Owner Information ADVO COMPANIES INC	79159 FAX: (806) 342-0900 SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK 79159 FAX: (806) 342-0900 SERVICE TYPE PRIVATELY OWNED
Facility Information: ANDOVER 7006 ANDOVER AMARILLO Phone (806) 342-0600 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County RANDALL Facility Information: AVONDALE 6911 VISION AMARILLO Phone (806) 342-0600 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County RANDALL Facility Information:	TX Facility ID:	79109	(806) 342-0900 0 0 Reg Svcs: (806) 342-0900 0	ICF/IID: 6 HIGH PLAINS ICF/MR ICF/IID: 6	Owner Information ADVO COMPANIES INC PO BOX 51744 AMARILLO TX PHONE: (806) 342-0600 PROGRAM TYPE: ICF/IID License Exp Dt: 06/29/2016 Owner Information ADVO COMPANIES INC PO BOX 51744 AMARILLO TX PHONE: (806) 342-0600 PROGRAM TYPE: ICF/IID License Exp Dt: 01/30/2018 Owner Information ADVO COMPANIES INC PO BOX 51744	79159 FAX: (806) 342-0900 SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK 79159 FAX: (806) 342-0900 SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK
Facility Information: ANDOVER 7006 ANDOVER AMARILLO Phone (806) 342-0600 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County RANDALL Facility Information: AVONDALE 6911 VISION AMARILLO Phone (806) 342-0600 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County RANDALL Facility Information: EL PASO 8511 EL PASO DR	TX Facility ID: TX Facility ID:	79109	(806) 342-0900 0 0 Reg Svcs: (806) 342-0900 0	ICF/IID: 6 HIGH PLAINS ICF/MR ICF/IID: 6	Owner Information ADVO COMPANIES INC PO BOX 51744 AMARILLO TX PHONE: (806) 342-0600 PROGRAM TYPE: ICF/IID License Exp Dt: 06/29/2016 Owner Information ADVO COMPANIES INC PO BOX 51744 AMARILLO AMARILLO TX PROGRAM TYPE: ICF/IID License Exp Dt: 01/30/2018 Owner Information ADVO COMPANIES INC PO BOX 51744 AMARILLO TX	79159 FAX: (806) 342-0900 SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK 79159 FAX: (806) 342-0900 SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK
Facility Information: ANDOVER 7006 ANDOVER AMARILLO Phone (806) 342-0600 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County RANDALL Facility Information: AVONDALE 6911 VISION AMARILLO Phone (806) 342-0600 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County RANDALL Facility Information: EL PASO 8511 EL PASO DR AMARILLO	TX Facility ID: TX Facility ID:	79109	(806) 342-0900 0 0 Reg Svcs: (806) 342-0900 0 0 Reg Svcs:	ICF/IID: 6 HIGH PLAINS ICF/MR ICF/IID: 6	Owner Information ADVO COMPANIES INC PO BOX 51744 AMARILLO TX PHONE: (806) 342-0600 PROGRAM TYPE: ICF/IID License Exp Dt: 06/29/2016 Owner Information ADVO COMPANIES INC PO BOX 51744 AMARILLO TX PHONE: (806) 342-0600 PROGRAM TYPE: ICF/IID License Exp Dt: 01/30/2018 Owner Information ADVO COMPANIES INC PO BOX 51744 AMARILLO TX PHONE: (806) 342-0600	79159 FAX: (806) 342-0900 SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK 79159 FAX: (806) 342-0900 SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK
Facility Information: ANDOVER 7006 ANDOVER AMARILLO Phone (806) 342-0600 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County RANDALL Facility Information: AVONDALE 6911 VISION AMARILLO Phone (806) 342-0600 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County RANDALL Facility Information: EL PASO 8511 EL PASO DR AMARILLO Phone (806) 342-0600	TX Facility ID: TX Facility ID:	79109	(806) 342-0900 0 0 Reg Svcs: (806) 342-0900 0 0 Reg Svcs:	ICF/IID: 6 HIGH PLAINS ICF/MR ICF/IID: 6 HIGH PLAINS ICF/MR	Owner Information ADVO COMPANIES INC PO BOX 51744 AMARILLO TX PHONE: (806) 342-0600 PROGRAM TYPE: ICF/IID License Exp Dt: 06/29/2016 Owner Information ADVO COMPANIES INC PO BOX 51744 AMARILLO AMARILLO TX PROGRAM TYPE: ICF/IID License Exp Dt: 01/30/2018 Owner Information ADVO COMPANIES INC PO BOX 51744 AMARILLO TX	79159 FAX: (806) 342-0900 SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK 79159 FAX: (806) 342-0900 SERVICE TYPE PRIVATELY OWNED Region 01 - LUBBOCK

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County RANDALL			Reg Svcs:	HIGH PLAINS ICF/MR		Region 01 - LUBBOCK
Facility Information:	Facility ID:	007273	rtog ovos.	THOTT EXINOTOLYMIN	Owner Information	region of Edbbook
HAMPTON					ADVO COMPANIES INC	
6004 HAMPTON					PO BOX 51744	
AMARILLO	TX	79109	(000) 040 0000		AMARILLO TX	79159
Phone (806) 342-0600		Fax	(806) 342-0900		PHONE : (806) 342-0600	FAX : (806) 342-0900
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: CF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:				SERVICE THE PRIVATELITOWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 06/03/2018	
County RANDALL			Reg Svcs:	HIGH PLAINS ICF/MR		Region 01 - LUBBOCK
Facility Information:	Facility ID:	007271			Owner Information	
MARY DELL					ADVO COMPANIES INC	
5718 MARY DELL AMARILLO	TX	79109			PO BOX 51744	
Phone (806) 342-0600		Fax	(806) 342-0900		AMARILLO TX	79159
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE: (806) 342-0600	FAX: (806) 342-0900
Cert Alzh Capacity: 0		TITLE 19:		···· •	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 06/23/2018	
County DANDALL				LUCLI DI AINO IOE AIR	·	Parian 04 LUDDOOK
County RANDALL	Encility ID:	007400	Reg Svcs:	HIGH PLAINS ICF/MR		Region 01 - LUBBOCK
Facility Information: SIMPSON	Facility ID:	007490			Owner Information ADVO COMPANIES INC	
7800 SIMPSON					PO BOX 51744	
AMARILLO	TX	79121			AMARILLO TX	79159
Phone (806) 342-0600		Fax	(806) 342-0900			
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE: (806) 342-0600	FAX: (806) 342-0900
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 12/11/2017	
					•	
County RANDALL			Reg Svcs:	HIGH PLAINS ICF/MR	·	Region 01 - LUBBOCK
County RANDALL Facility Information:	Facility ID:	007518	Reg Svcs:	HIGH PLAINS ICF/MR	Owner Information	Region 01 - LUBBOCK
Facility Information:	-	007518	Reg Svcs:	HIGH PLAINS ICF/MR		·
Facility Information: IDLEWOOD COMMUNITY HO! 4 IDLEWOOD	ME		Reg Svcs:	HIGH PLAINS ICF/MR	Owner Information	·
Facility Information: IDLEWOOD COMMUNITY HOW 4 IDLEWOOD CANYON	-	007518 79015 Fax	·	HIGH PLAINS ICF/MR	Owner Information EDUCARE COMMUNITY LIVING LIMITE	·
Facility Information: IDLEWOOD COMMUNITY HOW 4 IDLEWOOD CANYON Phone (806) 894-4902	ME	79015 Fax	(806) 894-9605		Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD	D PARTNERSHIP
Facility Information: IDLEWOOD COMMUNITY HOW 4 IDLEWOOD CANYON Phone (806) 894-4902 TOTAL Lic Capacity: 0	ME	79015 Fax TITLE 18:	(806) 894-9605 0	HIGH PLAINS ICF/MR	Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY	D PARTNERSHIP 40223-3808
Facility Information: IDLEWOOD COMMUNITY HOW 4 IDLEWOOD CANYON Phone (806) 894-4902 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	ME	79015 Fax TITLE 18: TITLE19:	(806) 894-9605 0		Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285
Facility Information: IDLEWOOD COMMUNITY HOLEWOOD CANYON Phone (806) 894-4902 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	ME	79015 Fax TITLE 18:	(806) 894-9605 0 0	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITER 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
Facility Information: IDLEWOOD COMMUNITY HOW 4 IDLEWOOD CANYON Phone (806) 894-4902 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County RUSK	ME TX	79015 Fax TITLE 18: TITLE19: TITLE 18/19:	(806) 894-9605 0		Owner Information EDUCARE COMMUNITY LIVING LIMITER 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285
Facility Information: IDLEWOOD COMMUNITY HOW 4 IDLEWOOD CANYON Phone (806) 894-4902 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County RUSK Facility Information:	ME TX Facility ID:	79015 Fax TITLE 18: TITLE19:	(806) 894-9605 0 0	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITER 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
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Facility Information: IDLEWOOD COMMUNITY HOW 4 IDLEWOOD CANYON Phone (806) 894-4902 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County RUSK Facility Information: CROSBY COMMUNITY HOME	ME TX Facility ID:	79015 Fax TITLE 18: TITLE19: TITLE 18/19:	(806) 894-9605 0 0	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITER 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information CROSBY COMMUNITY HOME INC 112 S WARD DR	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER
Facility Information: IDLEWOOD COMMUNITY HOW 4 IDLEWOOD CANYON Phone (806) 894-4902 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County RUSK Facility Information: CROSBY COMMUNITY HOME 102 CROSBY DR	TX Facility ID:	79015	(806) 894-9605 0 0	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITER 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information CROSBY COMMUNITY HOME INC 112 S WARD DR LONGVIEW TX	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER 75604
Facility Information: IDLEWOOD COMMUNITY HOW 4 IDLEWOOD CANYON Phone (806) 894-4902 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County RUSK Facility Information: CROSBY COMMUNITY HOME 102 CROSBY DR HENDERSON	TX Facility ID:	79015	(806) 894-9605 0 0 Reg Svcs:	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITER 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information CROSBY COMMUNITY HOME INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER 75604 FAX: (903) 295-7394
Facility Information: IDLEWOOD COMMUNITY HOWALL AND A STATE	TX Facility ID:	79015	(806) 894-9605 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID TEAM	Owner Information EDUCARE COMMUNITY LIVING LIMITER 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information CROSBY COMMUNITY HOME INC 112 S WARD DR LONGVIEW TX	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER 75604
Facility Information: IDLEWOOD COMMUNITY HOWA 4 IDLEWOOD CANYON Phone (806) 894-4902 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County RUSK Facility Information: CROSBY COMMUNITY HOME 102 CROSBY DR HENDERSON Phone (903) 655-0118 TOTAL Lic Capacity: 0	TX Facility ID:	79015	(806) 894-9605 0 0 0 Reg Svcs: (903) 295-7394 0	ICF/IID: 6 ICF/IID TEAM	Owner Information EDUCARE COMMUNITY LIVING LIMITER 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information CROSBY COMMUNITY HOME INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER 75604 FAX: (903) 295-7394
Facility Information: IDLEWOOD COMMUNITY HOWAND AND ADDRESS OF THE PRIVATE BERS: COUNTY RUSK Facility Information: CROSBY COMMUNITY HOME 102 CROSBY DR HENDERSON Phone (903) 655-0118 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	79015	(806) 894-9605 0 0 0 Reg Svcs: (903) 295-7394 0	ICF/IID: 6 ICF/IID TEAM	Owner Information EDUCARE COMMUNITY LIVING LIMITER 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information CROSBY COMMUNITY HOME INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER 75604 FAX: (903) 295-7394
Facility Information: IDLEWOOD COMMUNITY HOWALL AND	TX Facility ID:	79015	(806) 894-9605 0 0 Reg Svcs: (903) 295-7394 0 0	ICF/IID: 6 ICF/IID TEAM ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITER 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information CROSBY COMMUNITY HOME INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER 75604 FAX: (903) 295-7394 SERVICE TYPE PRIVATELY OWNED
Facility Information: IDLEWOOD COMMUNITY HOWAND AND ADDRESS OF TOTAL Lic Capacity: County RUSK Facility Information: CROSBY COMMUNITY HOME 102 CROSBY DR HENDERSON Phone (903) 655-0118 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 Cert Alzh Capacity: 0 County RUSK RESS OF TOTAL Lic Capacity: 0 COUNTY RUSK COUNTY RUSK RESS OF TOTAL Lic Capacity: 0 COUNTY RUSK	Facility ID: TX Facility ID:	79015	(806) 894-9605 0 0 Reg Svcs: (903) 295-7394 0 0	ICF/IID: 6 ICF/IID TEAM ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITER 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information CROSBY COMMUNITY HOME INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID License Exp Dt: 06/08/2018	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER 75604 FAX: (903) 295-7394 SERVICE TYPE PRIVATELY OWNED
Facility Information: IDLEWOOD COMMUNITY HOU 4 IDLEWOOD CANYON Phone (806) 894-4902 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County RUSK Facility Information: CROSBY COMMUNITY HOME 102 CROSBY DR HENDERSON Phone (903) 655-0118 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County RUSK Facility Information: CROSBY COMMUNITY HOME 102 CROSBY DR HENDERSON Phone (903) 655-0118 TOTAL Lic Capacity: 0 County RUSK Facility Information: PETERSON COMMUNITY HO 1522 PETERSON	Facility ID: TX Facility ID: ME	79015	(806) 894-9605 0 0 Reg Svcs: (903) 295-7394 0 0	ICF/IID: 6 ICF/IID TEAM ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITER 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information CROSBY COMMUNITY HOME INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID License Exp Dt: 06/08/2018 Owner Information	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER 75604 FAX: (903) 295-7394 SERVICE TYPE PRIVATELY OWNED
Facility Information: IDLEWOOD COMMUNITY HOWAND AND ADDRESS OF THE PRIVATE BEDS: COUNTY RUSK Facility Information: CROSBY COMMUNITY HOME 102 CROSBY DR HENDERSON Phone (903) 655-0118 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE BEDS: 0 COUNTY RUSK Facility Information: CROSBY COMMUNITY HOME 102 CROSBY DR HENDERSON Phone (903) 655-0118 TOTAL Lic Capacity: 0 PRIVATE BEDS: 0 County RUSK Facility Information: PETERSON COMMUNITY HO 1522 PETERSON HENDERSON	Facility ID: TX Facility ID:	79015	(806) 894-9605 0 0 0 Reg Svcs: (903) 295-7394 0 0 0	ICF/IID: 6 ICF/IID TEAM ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITER 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information CROSBY COMMUNITY HOME INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID License Exp Dt: 06/08/2018 Owner Information S S L & H INC	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER 75604 FAX: (903) 295-7394 SERVICE TYPE PRIVATELY OWNED
Facility Information: IDLEWOOD COMMUNITY HOWALL AND	Facility ID: TX Facility ID: ME	79015	(806) 894-9605 0 0 Reg Svcs: (903) 295-7394 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID TEAM ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITER 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information CROSBY COMMUNITY HOME INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID License Exp Dt: 06/08/2018 Owner Information S S L & H INC 112 S WARD	### A0223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
Facility Information: IDLEWOOD COMMUNITY HOWALL AND	Facility ID: TX Facility ID: ME	79015	(806) 894-9605 0 0 Reg Svcs: (903) 295-7394 0 0 Reg Svcs: (903) 295-7394 0	ICF/IID: 6 ICF/IID TEAM ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITER 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information CROSBY COMMUNITY HOME INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID License Exp Dt: 06/08/2018 Owner Information S S L & H INC 112 S WARD LONGVIEW TX	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER 75604 FAX: (903) 295-7394 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER
Facility Information: IDLEWOOD COMMUNITY HOWALL COMMUNITY HOWALL COMMUNITY HOWALL COMMUNITY HOWALL COMMUNITY HOWALL COMMUNITY HOME COMMUNITY	Facility ID: TX Facility ID: ME	79015	(806) 894-9605 0 0 Reg Svcs: (903) 295-7394 0 0 Reg Svcs: (903) 295-7394 0 0	ICF/IID: 6 ICF/IID TEAM ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITER 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information CROSBY COMMUNITY HOME INC 112 S WARD DR LONGVIEW TX PHONE: (903) 295-7391 PROGRAM TYPE: ICF/IID License Exp Dt: 06/08/2018 Owner Information S S L & H INC 112 S WARD LONGVIEW TX PHONE: (903) 295-7391	### A0223-3808 ### FAX: (502) 394-2285 ### SERVICE TYPE PRIVATELY OWNED Region

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County RUSK			Reg Svcs:	ICF/IID TEAM		Region 04 - TYLER
Facility Information:	Facility ID:	007257		- / · _/	Owner Information	. .
TRUMAN DRIVE COMMUNITY	-				D & S RESIDENTIAL SERVICES LP	
103 TRUMAN	TV	75650			8911 N CAPITAL OF TX HWY	,BLDG 1 STE 1300
HENDERSON Phone (903) 657-8923	TX	75652 Fax	(903) 327-5355		AUSTIN TX	78759
(111)		TITLE 18:	•	ICF/IID: 6	PHONE : (512) 327-2325	FAX: (512) 327-5355
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0		TITLE 10:		ICF/IID: 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 12/01/2017	
				IOF/IID TEAM		Design Of TVIED
County RUSK Facility Information:	Facility ID:	007579	Reg Svcs:	ICF/IID TEAM	Owner Information	Region 04 - TYLER
EVERGREEN STEVENS COM	•				EVERGREEN PRESBYTERIAN MINISTR	RIES OF TEXAS INC
107 STEVENS RD					10810 SANDEN DR	
KILGORE (2001) 040 7000	TX	75662	(000) 070 0500		DALLAS TX	75238
Phone (903) 643-7022		Fax	(903) 678-3508		PHONE: (972) 386-4834	FAX:
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:				CENTICE THE THINKIEL OWNER
PRIVATE Beds: 0		TITLE 18/19:	U		License Exp Dt: 12/20/2017	
County SABINE			Reg Svcs:	REGION 5 ICF/IID		Region 05 - BEAUMONT
Facility Information:	Facility ID:	007607			Owner Information	
PINELAND HOUSE TEMPLE AVE AT DELTA HEIG	SHTS				THE BURKE CENTER	
PINELAND	TX	75968			1111	
Phone (409) 584-2868		Fax			TX	
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE:	FAX:
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt:	
County SMITH			Reg Svcs:	ICF/IID TEAM		Region 04 - TYLER
Facility Information:	Facility ID:	003687			Owner Information	
CHAMPAGNE HOUSE					JOY B CHAMPAGNE	
303 MOUNT SYLVAN RD LINDALE	TX	75771			PO BOX 1749	
Phone (903) 882-8045		Fax	(903) 882-1627		LINDALE TX	75771
I OTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (903) 882-8337	FAX : (903) 882-1627
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0				ICF/IID: 6	PHONE : (903) 882-8337 PROGRAM TYPE : ICF/IID	FAX: (903) 882-1627 SERVICE TYPE PRIVATELY OWNED
· · ·		TITLE 18:	0	ICF/IID: 6	(****)	, ,
Cert Alzh Capacity: 0 PRIVATE Beds: 0		TITLE 18: TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	Facility ID:	TITLE 18: TITLE19:	0	ICF/IID: 6 ICF/IID TEAM	PROGRAM TYPE: ICF/IID	, ,
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County SMITH	Facility ID:	TITLE 18: TITLE19: TITLE 18/19:	0		PROGRAM TYPE: ICF/IID License Exp Dt: 08/02/2018	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County SMITH Facility Information: JEFFRIES HOUSE 314 JEFFRIES	·	TITLE 18: TITLE19: TITLE 18/19:	0		PROGRAM TYPE: ICF/IID License Exp Dt: 08/02/2018 Owner Information	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County SMITH Facility Information: JEFFRIES HOUSE 314 JEFFRIES LINDALE	Facility ID:	TITLE 18: TITLE19: TITLE 18/19: 007547	0 0 Reg Svcs:		PROGRAM TYPE: ICF/IID License Exp Dt: 08/02/2018 Owner Information CHAMPAGNE INCORPORATED	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County SMITH Facility Information: JEFFRIES HOUSE 314 JEFFRIES LINDALE Phone (903) 882-8337	·	TITLE 18: TITLE 19: TITLE 18/19: 007547 75771 Fax	0 0 Reg Svcs: (903) 882-1627	ICF/IID TEAM	PROGRAM TYPE: ICF/IID License Exp Dt: 08/02/2018 Owner Information CHAMPAGNE INCORPORATED 410 EAGLE SPIRIT DR	SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County SMITH Facility Information: JEFFRIES HOUSE 314 JEFFRIES LINDALE Phone (903) 882-8337 TOTAL Lic Capacity: 0	·	TITLE 18: TITLE19: TITLE 18/19: 007547 75771 Fax TITLE 18:	0 0 Reg Svcs: (903) 882-1627		PROGRAM TYPE: ICF/IID License Exp Dt: 08/02/2018 Owner Information CHAMPAGNE INCORPORATED 410 EAGLE SPIRIT DR LINDALE TX PHONE: (903) 882-8337	SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER 75771 FAX: (903) 882-1627
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County SMITH Facility Information: JEFFRIES HOUSE 314 JEFFRIES LINDALE Phone (903) 882-8337 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	TITLE 18: TITLE 18/19: 007547 75771 Fax TITLE 18: TITLE 18:	0 0 Reg Svcs: (903) 882-1627 0	ICF/IID TEAM	PROGRAM TYPE: ICF/IID License Exp Dt: 08/02/2018 Owner Information CHAMPAGNE INCORPORATED 410 EAGLE SPIRIT DR LINDALE TX PHONE: (903) 882-8337 PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER 75771
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County SMITH Facility Information: JEFFRIES HOUSE 314 JEFFRIES LINDALE Phone (903) 882-8337 TOTAL Lic Capacity: 0	·	TITLE 18: TITLE19: TITLE 18/19: 007547 75771 Fax TITLE 18:	0 0 Reg Svcs: (903) 882-1627 0	ICF/IID TEAM	PROGRAM TYPE: ICF/IID License Exp Dt: 08/02/2018 Owner Information CHAMPAGNE INCORPORATED 410 EAGLE SPIRIT DR LINDALE TX PHONE: (903) 882-8337	SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER 75771 FAX: (903) 882-1627
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County SMITH Facility Information: JEFFRIES HOUSE 314 JEFFRIES LINDALE Phone (903) 882-8337 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County SMITH	тх	TITLE 18: TITLE19: TITLE 18/19: 007547 75771 Fax TITLE 18: TITLE 19: TITLE 18/19:	0 0 Reg Svcs: (903) 882-1627 0	ICF/IID TEAM	PROGRAM TYPE: ICF/IID License Exp Dt: 08/02/2018 Owner Information CHAMPAGNE INCORPORATED 410 EAGLE SPIRIT DR LINDALE TX PHONE: (903) 882-8337 PROGRAM TYPE: ICF/IID License Exp Dt: 07/09/2018	SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER 75771 FAX: (903) 882-1627
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County SMITH Facility Information: JEFFRIES HOUSE 314 JEFFRIES LINDALE Phone (903) 882-8337 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County SMITH Facility Information:	·	TITLE 18: TITLE 18/19: 007547 75771 Fax TITLE 18: TITLE 18:	0 0 Reg Svcs: (903) 882-1627 0 0	ICF/IID TEAM ICF/IID: 6	PROGRAM TYPE: ICF/IID License Exp Dt: 08/02/2018 Owner Information CHAMPAGNE INCORPORATED 410 EAGLE SPIRIT DR LINDALE TX PHONE: (903) 882-8337 PROGRAM TYPE: ICF/IID License Exp Dt: 07/09/2018	SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER 75771 FAX: (903) 882-1627 SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County SMITH Facility Information: JEFFRIES HOUSE 314 JEFFRIES LINDALE Phone (903) 882-8337 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County SMITH Facility Information: ANN ROAD GROUP HOME	тх	TITLE 18: TITLE19: TITLE 18/19: 007547 75771 Fax TITLE 18: TITLE 19: TITLE 18/19:	0 0 Reg Svcs: (903) 882-1627 0 0	ICF/IID TEAM ICF/IID: 6	PROGRAM TYPE: ICF/IID License Exp Dt: 08/02/2018 Owner Information CHAMPAGNE INCORPORATED 410 EAGLE SPIRIT DR LINDALE TX PHONE: (903) 882-8337 PROGRAM TYPE: ICF/IID License Exp Dt: 07/09/2018 Owner Information ANDREWS CENTER	SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER 75771 FAX: (903) 882-1627 SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County SMITH Facility Information: JEFFRIES HOUSE 314 JEFFRIES LINDALE Phone (903) 882-8337 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County SMITH Facility Information:	тх	TITLE 18: TITLE19: TITLE 18/19: 007547 75771 Fax TITLE 18: TITLE 19: TITLE 18/19:	0 0 Reg Svcs: (903) 882-1627 0 0	ICF/IID TEAM ICF/IID: 6	PROGRAM TYPE: ICF/IID License Exp Dt: 08/02/2018 Owner Information CHAMPAGNE INCORPORATED 410 EAGLE SPIRIT DR LINDALE TX PHONE: (903) 882-8337 PROGRAM TYPE: ICF/IID License Exp Dt: 07/09/2018 Owner Information ANDREWS CENTER 2323 W FRONT ST	Region 04 - TYLER 75771 FAX: (903) 882-1627 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County SMITH Facility Information: JEFFRIES HOUSE 314 JEFFRIES LINDALE Phone (903) 882-8337 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County SMITH Facility Information: ANN ROAD GROUP HOME 3109 COUNTY RD 4167	TX Facility ID:	TITLE 18: TITLE19: TITLE 18/19: 007547 75771 Fax TITLE 18: TITLE 19: TITLE 18/19:	0 0 Reg Svcs: (903) 882-1627 0 0	ICF/IID TEAM ICF/IID: 6	PROGRAM TYPE: ICF/IID License Exp Dt: 08/02/2018 Owner Information CHAMPAGNE INCORPORATED 410 EAGLE SPIRIT DR LINDALE TX PHONE: (903) 882-8337 PROGRAM TYPE: ICF/IID License Exp Dt: 07/09/2018 Owner Information ANDREWS CENTER 2323 W FRONT ST TYLER TX	SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER 75771 FAX: (903) 882-1627 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County SMITH Facility Information: JEFFRIES HOUSE 314 JEFFRIES LINDALE Phone (903) 882-8337 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County SMITH Facility Information: ANN ROAD GROUP HOME 3109 COUNTY RD 4167 TYLER	TX Facility ID:	TITLE 18: TITLE 19: TITLE 18/19: 007547 75771 Fax TITLE 18: TITLE 19: TITLE 18/19: 010353 75701	0 0 Reg Svcs: (903) 882-1627 0 0 Reg Svcs:	ICF/IID TEAM ICF/IID: 6	PROGRAM TYPE: ICF/IID License Exp Dt: 08/02/2018 Owner Information CHAMPAGNE INCORPORATED 410 EAGLE SPIRIT DR LINDALE TX PHONE: (903) 882-8337 PROGRAM TYPE: ICF/IID License Exp Dt: 07/09/2018 Owner Information ANDREWS CENTER 2323 W FRONT ST	Region 04 - TYLER 75771 FAX: (903) 882-1627 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER
Cert Alzh Capacity: 0 PRIVATE Beds: 0 County SMITH Facility Information: JEFFRIES HOUSE 314 JEFFRIES LINDALE Phone (903) 882-8337 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County SMITH Facility Information: ANN ROAD GROUP HOME 3109 COUNTY RD 4167 TYLER Phone (903) 597-8823	TX Facility ID:	TITLE 18: TITLE 19: TITLE 18/19: 007547 75771 Fax TITLE 18: TITLE 19: TITLE 18/19: 010353 75701 Fax	0 0 Reg Svcs: (903) 882-1627 0 0 0 Reg Svcs: (903) 535-7386 0	ICF/IID TEAM ICF/IID: 6 ICF/IID TEAM	PROGRAM TYPE: ICF/IID License Exp Dt: 08/02/2018 Owner Information CHAMPAGNE INCORPORATED 410 EAGLE SPIRIT DR LINDALE TX PHONE: (903) 882-8337 PROGRAM TYPE: ICF/IID License Exp Dt: 07/09/2018 Owner Information ANDREWS CENTER 2323 W FRONT ST TYLER TX	SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER 75771 FAX: (903) 882-1627 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER

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County SMITH Reg Svcs: ICF/IID TEAM Region 04 - TYLER Facility ID: **Facility Information:** 007372 Owner Information BRECKENRIDGE VILLAGE OF TYLER - BLUEBONNET HOUSE BAPTIST CARE FACILITIES FOR PERSONS WITH MENTAL DISABILITIES INC 15062 CR 1145 15062 CR 1145 **TYLER** TX 75704 TYI FR TX 75704 Phone (903) 596-8100 Fax (903) 596-8104 PHONE: FAX: (903) 596-8100 (903) 596-8104 ICF/IID: 6 TOTAL Lic Capacity: 0 TITLE 18: 0 PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED Cert Alzh Capacity: 0 TITLE19: 0 PRIVATE Beds: 0 TITLE 18/19: 0 License Exp Dt: 11/01/2017 Reg Svcs: County SMITH ICE/IID TEAM 04 - TYLER Region **Facility Information:** Facility ID: 007213 **Owner Information** BRECKENRIDGE VILLAGE OF TYLER - MAGNOLIA HOUSE BAPTIST CARE FACILITIES FOR PERSONS WITH MENTAL DISABILITIES INC 15062 CR 1145 15062 CR 1145 **TYLER** TX 75704 **TYLER** ΤX 75704 Phone (903) 596-8100 Fax (903) 596-8104 PHONE: (903) 596-8100 FAX: (903) 596-8104 TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6 PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED Cert Alzh Capacity: 0 TITLE19: 0 PRIVATE Beds: 0 TITLE 18/19: 0 License Exp Dt: 02/01/2017 County SMITH ICF/IID TEAM 04 - TYI FR Reg Svcs: Region **Facility Information:** Facility ID: **Owner Information** BRECKENRIDGE VILLAGE OF TYLER - MALLARD HOUSE BAPTIST CARE FACILITIES FOR PERSONS WITH MENTAL DISABILITIES INC 15062 CR 1145 15062 CR 1145 **TYLER** TX 75704 **TYLER** ΤX 75704 Phone (903) 596-8100 (903) 596-8104 Fax PHONE: (903) 596-8100 FAX: (903) 596-8104 TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6 PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED **TITLE19**: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 TITLE 18/19: Λ License Exp Dt: 11/01/2017 ICF/IID TEAM 04 - TYLER County SMITH Reg Svcs: Region **Facility Information:** Facility ID: 106432 Owner Information BRECKENRIDGE VILLAGE OF TYLER- ROSE HOUSE BAPTIST CARE FACILITIES FOR PERSONS WITH MENTAL DISABILITIES INC 15062 COUNTY ROAD 1145 15062 CR 1145 **TYLER** 75704 TY **TYLER** ΤX 75704 Phone (903) 596-8100 Fax (903) 596-8104 PHONE: (903) 596-8100 FAX: (903) 596-8104 TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 8 PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED Cert Alzh Capacity: 0 TITLE19: 0 PRIVATE Beds: 0 TITLE 18/19: License Exp Dt: 11/10/2017 County SMITH Reg Svcs: ICF/IID TEAM Region 04 - TYLER **Facility Information:** Facility ID: Owner Information BRECKENRIDGE VILLAGE OF TYLER-BARNABAS HOUSE BAPTIST CARE FACILITIES FOR PERSONS WITH MENTAL DISABILITIES INC 15062 COUNTY ROAD 1145 15062 CR 1145 TX TYLER 75704 **TYLER** TX 75704 Phone (903) 596-8100 Fax (903) 596-8104 PHONE: (903) 596-8100 FAX: (903) 596-8104 TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 8 PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED Cert Alzh Capacity: 0 TITLE19: 0 PRIVATE Beds: 0 TITLE 18/19: 0 License Exp Dt: 09/18/2017 County SMITH Reg Svcs: ICF/IID TEAM Region 04 - TYLER Facility Information: Facility ID: 105449 Owner Information BRECKENRIDGE VILLAGE OF TYLER-EAGLES NEST HOUSE BAPTIST CARE FACILITIES FOR PERSONS WITH MENTAL DISABILITIES INC 15062 CR 1145 15062 CR 1145 **TYLER** TX 75704 **TYLER** TX 75704 Phone (903) 596-8100 (903) 596-8104 Fax PHONE: (903) 596-8100 FAX: (903) 596-8104 TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6 PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED Cert Alzh Capacity: 0 TITLE19: 0 PRIVATE Beds: 0 TITLE 18/19: License Exp Dt: 02/08/2017

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County SMITH			Reg Svcs:	ICF/IID TEAM		Region 04 - TYLER
Facility Information:	Facility ID:	007286	Neg Ovos.	IOI /IID TEANI	Owner Information	Negion 04-11LLN
COPELAND HOUSE					COMMUNITY ACCESS INC	
3600 NEW COPELAND RD					2040 SHILOH RD	
TYLER Phone (903) 581-8812	TX	75701 Fax	(002) 506 0004		TYLER TX	75703
(111)			(903) 526-0881	IOT/IID	PHONE: (903) 579-8527	FAX: (903) 526-0881
TOTAL Lic Capacity: 0		TITLE 18: TITLE19:		ICF/IID: 6	PROGRAM TYPE: CF/ ID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0 PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 02/28/2019	
FRIVAIL Deus. 0		111LE 10/13.	U		UZ/20/2019	
County SMITH			Reg Svcs:	ICF/IID TEAM		Region 04 - TYLER
Facility Information:	Facility ID:	007342			Owner Information	
GAIL HOUSE 3323 GAIL LN					COMMUNITY ACCESS INC	
TYLER	TX	75701			2040 SHILOH RD	75702
Phone (903) 566-1441		Fax	(903) 526-0881		TYLER TX	75703
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE: (903) 579-8527	FAX : (903) 526-0881
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 05/19/2018	
County SMITH			Reg Svcs:	ICF/IID TEAM		Region 04 - TYLER
Facility Information:	Facility ID:	007593	ŭ		Owner Information	<u> </u>
MARTHA HOUSE					COMMUNITY ACCESS INC	
2616 POUNDS ST	TV	75704			2040 SHILOH RD	
TYLER Phone (903) 531-9960	TX	75701 Fax	(903) 526-0881		TYLER TX	75703
, ,			` '	ICF/IID: 6	PHONE : (903) 579-8527	FAX: (903) 526-0881
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0		TITLE 18: TITLE19:		ICF/IID: 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 03/18/2018	
THIVATE BOOS. 0		111122 10/13.	o .		LICCII3C EXP Dt. 00/10/2010	
County SMITH			Reg Svcs:	ICF/IID TEAM		Region 04 - TYLER
Facility Information:	Facility ID:	003634	Reg Svcs:	ICF/IID TEAM	Owner Information	Region 04 - TYLER
Facility Information: PETTIT HOUSE	Facility ID:	003634	Reg Svcs:	ICF/IID TEAM	COMMUNITY ACCESS INC	Region 04 - TYLER
Facility Information:	Facility ID:	003634 75701	Reg Svcs:	ICF/IID TEAM	COMMUNITY ACCESS INC 2040 SHILOH RD	ŭ
Facility Information: PETTIT HOUSE 1519 PETTIT ST	·		Reg Svcs:	ICF/IID TEAM	COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX	75703
Facility Information: PETTIT HOUSE 1519 PETTIT ST TYLER	·	75701	(903) 526-0881	ICF/IID TEAM ICF/IID: 6	COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX PHONE: (903) 579-8527	75703 FAX: (903) 526-0881
Facility Information: PETTIT HOUSE 1519 PETTIT ST TYLER Phone (903) 509-9932	·	75701 Fax	(903) 526-0881 0		COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX	75703
Facility Information: PETTIT HOUSE 1519 PETTIT ST TYLER Phone (903) 509-9932 TOTAL Lic Capacity: 0	·	75701 Fax TITLE 18:	(903) 526-0881 0		COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX PHONE: (903) 579-8527	75703 FAX: (903) 526-0881
Facility Information: PETTIT HOUSE 1519 PETTIT ST TYLER Phone (903) 509-9932 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	75701 Fax TITLE 18: TITLE19:	(903) 526-0881 0		COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX PHONE: (903) 579-8527 PROGRAM TYPE: ICF/IID	75703 FAX: (903) 526-0881
Facility Information: PETTIT HOUSE 1519 PETTIT ST TYLER Phone (903) 509-9932 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	75701 Fax TITLE 18: TITLE19:	(903) 526-0881 0 0	ICF/IID: 6	COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX PHONE: (903) 579-8527 PROGRAM TYPE: ICF/IID	75703 FAX: (903) 526-0881 SERVICE TYPE PRIVATELY OWNED
Facility Information: PETTIT HOUSE 1519 PETTIT ST TYLER Phone (903) 509-9932 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County SMITH Facility Information: PHILLIPS GROUP HOME	тх	75701 Fax TITLE 18: TITLE19: TITLE 18/19:	(903) 526-0881 0 0	ICF/IID: 6	COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX PHONE: (903) 579-8527 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017	75703 FAX: (903) 526-0881 SERVICE TYPE PRIVATELY OWNED
Facility Information: PETTIT HOUSE 1519 PETTIT ST TYLER Phone (903) 509-9932 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County SMITH Facility Information: PHILLIPS GROUP HOME 210 WEST PHILLIPS	TX Facility ID:	75701 Fax TITLE 18: TITLE19: TITLE 18/19:	(903) 526-0881 0 0	ICF/IID: 6	COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX PHONE: (903) 579-8527 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information	75703 FAX: (903) 526-0881 SERVICE TYPE PRIVATELY OWNED
Facility Information: PETTIT HOUSE 1519 PETTIT ST TYLER Phone (903) 509-9932 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County SMITH Facility Information: PHILLIPS GROUP HOME 210 WEST PHILLIPS TYLER	тх	75701 Fax TITLE 18: TITLE19: TITLE 18/19: 003776 75701	(903) 526-0881 0 0	ICF/IID: 6	COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX PHONE: (903) 579-8527 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information ANDREWS CENTER	75703 FAX: (903) 526-0881 SERVICE TYPE PRIVATELY OWNED
Facility Information: PETTIT HOUSE 1519 PETTIT ST TYLER Phone (903) 509-9932 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County SMITH Facility Information: PHILLIPS GROUP HOME 210 WEST PHILLIPS TYLER Phone (903) 593-7191	TX Facility ID:	75701 Fax TITLE 18: TITLE 19: TITLE 18/19: 003776 75701 Fax	(903) 526-0881 0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID TEAM	COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX PHONE: (903) 579-8527 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information ANDREWS CENTER 2323 W FRONT ST	75703 FAX: (903) 526-0881 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER
Facility Information: PETTIT HOUSE 1519 PETTIT ST TYLER Phone (903) 509-9932 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County SMITH Facility Information: PHILLIPS GROUP HOME 210 WEST PHILLIPS TYLER Phone (903) 593-7191 TOTAL Lic Capacity: 0	TX Facility ID:	75701 Fax TITLE 18: TITLE 18/19: 003776 75701 Fax TITLE 18:	(903) 526-0881 0 0 0 Reg Svcs:	ICF/IID: 6	COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX PHONE: (903) 579-8527 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information ANDREWS CENTER 2323 W FRONT ST TYLER TX	75703 FAX: (903) 526-0881 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER 75702
Facility Information: PETTIT HOUSE 1519 PETTIT ST TYLER Phone (903) 509-9932 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County SMITH Facility Information: PHILLIPS GROUP HOME 210 WEST PHILLIPS TYLER Phone (903) 593-7191	TX Facility ID:	75701 Fax TITLE 18: TITLE 19: TITLE 18/19: 003776 75701 Fax	(903) 526-0881 0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID TEAM	COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX PHONE: (903) 579-8527 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information ANDREWS CENTER 2323 W FRONT ST TYLER TX PHONE: (903) 567-1351	75703 FAX: (903) 526-0881 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER 75702 FAX: (903) 535-7384
Facility Information: PETTIT HOUSE 1519 PETTIT ST TYLER Phone (903) 509-9932 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County SMITH Facility Information: PHILLIPS GROUP HOME 210 WEST PHILLIPS TYLER Phone (903) 593-7191 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	75701	(903) 526-0881 0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID TEAM ICF/IID: 12	COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX PHONE: (903) 579-8527 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information ANDREWS CENTER 2323 W FRONT ST TYLER TX PHONE: (903) 567-1351 PROGRAM TYPE: ICF/IID	75703 FAX: (903) 526-0881 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER 75702 FAX: (903) 535-7384 SERVICE TYPE GOVERNMENT BASED
Facility Information: PETTIT HOUSE 1519 PETTIT ST TYLER Phone (903) 509-9932 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County SMITH Facility Information: PHILLIPS GROUP HOME 210 WEST PHILLIPS TYLER Phone (903) 593-7191 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County SMITH	TX Facility ID:	75701 Fax TITLE 18: TITLE 19: TITLE 18/19: 003776 75701 Fax TITLE 18: TITLE 19: TITLE 18/19:	(903) 526-0881 0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID TEAM	COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX PHONE: (903) 579-8527 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information ANDREWS CENTER 2323 W FRONT ST TYLER TX PHONE: (903) 567-1351 PROGRAM TYPE: ICF/IID License Exp Dt:	75703 FAX: (903) 526-0881 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER 75702 FAX: (903) 535-7384
Facility Information: PETTIT HOUSE 1519 PETTIT ST TYLER Phone (903) 509-9932 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County SMITH Facility Information: PHILLIPS GROUP HOME 210 WEST PHILLIPS TYLER Phone (903) 593-7191 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County SMITH Facility Information:	TX Facility ID:	75701	(903) 526-0881 0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID TEAM ICF/IID: 12	COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX PHONE: (903) 579-8527 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information ANDREWS CENTER 2323 W FRONT ST TYLER TX PHONE: (903) 567-1351 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information	75703 FAX: (903) 526-0881 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER 75702 FAX: (903) 535-7384 SERVICE TYPE GOVERNMENT BASED
Facility Information: PETTIT HOUSE 1519 PETTIT ST TYLER Phone (903) 509-9932 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County SMITH Facility Information: PHILLIPS GROUP HOME 210 WEST PHILLIPS TYLER Phone (903) 593-7191 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County SMITH	TX Facility ID:	75701 Fax TITLE 18: TITLE 19: TITLE 18/19: 003776 75701 Fax TITLE 18: TITLE 19: TITLE 18/19:	(903) 526-0881 0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID TEAM ICF/IID: 12	COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX PHONE: (903) 579-8527 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information ANDREWS CENTER 2323 W FRONT ST TYLER TX PHONE: (903) 567-1351 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information COMMUNITY ACCESS INC	75703 FAX: (903) 526-0881 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER 75702 FAX: (903) 535-7384 SERVICE TYPE GOVERNMENT BASED
Facility Information: PETTIT HOUSE 1519 PETTIT ST TYLER Phone (903) 509-9932 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County SMITH Facility Information: PHILLIPS GROUP HOME 210 WEST PHILLIPS TYLER Phone (903) 593-7191 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County SMITH Facility Information: PRESTON HOUSE 2525 PRESTON TYLER	TX Facility ID:	75701	(903) 526-0881 0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID TEAM ICF/IID: 12	COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX PHONE: (903) 579-8527 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information ANDREWS CENTER 2323 W FRONT ST TYLER TX PHONE: (903) 567-1351 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information	75703 FAX: (903) 526-0881 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER 75702 FAX: (903) 535-7384 SERVICE TYPE GOVERNMENT BASED
Facility Information: PETTIT HOUSE 1519 PETTIT ST TYLER Phone (903) 509-9932 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County SMITH Facility Information: PHILLIPS GROUP HOME 210 WEST PHILLIPS TYLER Phone (903) 593-7191 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County SMITH Facility Information: PRESTON HOUSE 2525 PRESTON	TX Facility ID: TX Facility ID:	75701 Fax TITLE 18: TITLE 19: TITLE 18/19: 003776 75701 Fax TITLE 18: TITLE 19: TITLE 18/19:	(903) 526-0881 0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID TEAM ICF/IID: 12	COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX PHONE: (903) 579-8527 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information ANDREWS CENTER 2323 W FRONT ST TYLER TX PHONE: (903) 567-1351 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX	75703 FAX: (903) 526-0881 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER 75702 FAX: (903) 535-7384 SERVICE TYPE GOVERNMENT BASED Region 04 - TYLER
Facility Information: PETTIT HOUSE 1519 PETTIT ST TYLER Phone (903) 509-9932 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County SMITH Facility Information: PHILLIPS GROUP HOME 210 WEST PHILLIPS TYLER Phone (903) 593-7191 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County SMITH Facility Information: PHONE (903) 593-7191 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County SMITH Facility Information: PRESTON HOUSE 2525 PRESTON TYLER Phone (903) 595-4430 TOTAL Lic Capacity: 0	TX Facility ID: TX Facility ID:	75701 Fax TITLE 18: TITLE 18/19: 003776 75701 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19: 007345 75701 Fax TITLE 18/19:	(903) 526-0881 0 0 0 Reg Svcs: 0 0 0 Reg Svcs: (903) 526-0881	ICF/IID: 6 ICF/IID TEAM ICF/IID: 12	COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX PHONE: (903) 579-8527 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information ANDREWS CENTER 2323 W FRONT ST TYLER TX PHONE: (903) 567-1351 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX PHONE: (903) 579-8527	75703 FAX: (903) 526-0881 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER 75702 FAX: (903) 535-7384 SERVICE TYPE GOVERNMENT BASED Region 04 - TYLER 75703 FAX: (903) 526-0881
Facility Information: PETTIT HOUSE 1519 PETTIT ST TYLER Phone (903) 509-9932 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County SMITH Facility Information: PHILLIPS GROUP HOME 210 WEST PHILLIPS TYLER Phone (903) 593-7191 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County SMITH Facility Information: PRESTON HOUSE 2525 PRESTON TYLER Phone (903) 595-4430	TX Facility ID: TX Facility ID:	75701	(903) 526-0881 0 0 0 Reg Svcs: 0 0 0 Reg Svcs: (903) 526-0881 0 0	ICF/IID: 6 ICF/IID TEAM ICF/IID: 12 ICF/IID TEAM	COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX PHONE: (903) 579-8527 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information ANDREWS CENTER 2323 W FRONT ST TYLER TX PHONE: (903) 567-1351 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information COMMUNITY ACCESS INC 2040 SHILOH RD TYLER TX	75703 FAX: (903) 526-0881 SERVICE TYPE PRIVATELY OWNED Region 04 - TYLER 75702 FAX: (903) 535-7384 SERVICE TYPE GOVERNMENT BASED Region 04 - TYLER

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County SMITH			Reg Svcs:	ICF/IID TEAM		Region 04 - TYLER
Facility Information:	Facility ID:	007496	Neg 3468.	IOI /IID TEAW	Owner Information	Nogion OT-IILLIN
SHAFFER HOUSE	, ,				COMMUNITY ACCESS INC	
2812 SHAFFER LN					2040 SHILOH RD	
TYLER	TX	75702 Fax	(000) 500 0004		TYLER TX	75703
Phone (903) 595-5392			(903) 526-0881	105/110	PHONE: (903) 579-8527	FAX: (903) 526-0881
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0		TITLE 18: TITLE19:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 01/08/2018	
·		111LL 10/13.			CICENSE EXP Dt. 01/00/2010	
County SMITH			Reg Svcs:	ICF/IID TEAM		Region 04 - TYLER
Facility Information:	Facility ID:	007590			Owner Information	
FOREST HOUSE 306 FOREST S					COMMUNITY ACCESS INC	
WHITEHOUSE	TX	75791			2040 SHILOH RD TYLER TX	75703
Phone (903) 839-0881		Fax	(903) 526-0881			
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	,	,
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 03/04/2018	
County TARRANT			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	007419			Owner Information	
1501 LOVERS LN					CALAB INC	
1501 E LOVERS LN ARLINGTON	TX	76010			3803 S ROBINSON RD	
Phone (817) 226-5553		Fax	(972) 606-4792		GRAND PRAIRIE TX	75052-1239
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE: (972) 263-2112	FAX : (972) 263-2115
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 09/01/2017	
County TARRANT			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
County TARRANT Facility Information:	Facility ID:	007230	Reg Svcs:	IID TEAM	Owner Information	Region 03 - ARLINGTON
ř	Facility ID:	007230	Reg Svcs:	IID TEAM	Owner Information CALAB INC	Region 03 - ARLINGTON
Facility Information: 2309 CLEARWOOD COURT 2309 CLEARWOOD CT	·		Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information: 2309 CLEARWOOD COURT 2309 CLEARWOOD CT ARLINGTON	Facility ID:	76014		IID TEAM	CALAB INC	Region 03 - ARLINGTON 75052-1239
Facility Information: 2309 CLEARWOOD COURT 2309 CLEARWOOD CT ARLINGTON Phone (817) 226-1346	·	76014 Fax	(972) 606-4792		CALAB INC 3803 S ROBINSON RD	ŭ
Facility Information: 2309 CLEARWOOD COURT 2309 CLEARWOOD CT ARLINGTON Phone (817) 226-1346 TOTAL Lic Capacity: 0	·	76014	(972) 606-4792 0	IID TEAM ICF/IID: 6	CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX	75052-1239
Facility Information: 2309 CLEARWOOD COURT 2309 CLEARWOOD CT ARLINGTON Phone (817) 226-1346	·	76014 Fax TITLE 18:	(972) 606-4792 0 0		CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112	75052-1239 FAX: (972) 263-2115
Facility Information: 2309 CLEARWOOD COURT 2309 CLEARWOOD CT ARLINGTON Phone (817) 226-1346 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	76014 Fax TITLE 18: TITLE19:	(972) 606-4792 0 0	ICF/IID: 6	CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID	75052-1239 FAX: (972) 263-2115 SERVICE TYPE PRIVATELY OWNED
Facility Information: 2309 CLEARWOOD COURT 2309 CLEARWOOD CT ARLINGTON Phone (817) 226-1346 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT	тх	76014 Fax TITLE 18: TITLE19: TITLE 18/19:	(972) 606-4792 0 0		CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017	75052-1239 FAX: (972) 263-2115
Facility Information: 2309 CLEARWOOD COURT 2309 CLEARWOOD CT ARLINGTON Phone (817) 226-1346 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	76014 Fax TITLE 18: TITLE19:	(972) 606-4792 0 0	ICF/IID: 6	CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID	75052-1239 FAX: (972) 263-2115 SERVICE TYPE PRIVATELY OWNED
Facility Information: 2309 CLEARWOOD COURT 2309 CLEARWOOD CT ARLINGTON Phone (817) 226-1346 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: 2410 EDINBURGH 2410 EDINBURGH	TX Facility ID:	76014 Fax TITLE 18: TITLE19: TITLE 18/19:	(972) 606-4792 0 0	ICF/IID: 6	CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information	75052-1239 FAX: (972) 263-2115 SERVICE TYPE PRIVATELY OWNED
Facility Information: 2309 CLEARWOOD COURT 2309 CLEARWOOD CT ARLINGTON Phone (817) 226-1346 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: 2410 EDINBURGH 2410 EDINBURGH ARLINGTON	тх	76014	(972) 606-4792 0 0 0 Reg Svcs:	ICF/IID: 6	CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information CALAB INC	75052-1239 FAX: (972) 263-2115 SERVICE TYPE PRIVATELY OWNED
Facility Information: 2309 CLEARWOOD COURT 2309 CLEARWOOD CT ARLINGTON Phone (817) 226-1346 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: 2410 EDINBURGH 2410 EDINBURGH ARLINGTON Phone (817) 784-3626	TX Facility ID:	76014	(972) 606-4792 0 0 0 Reg Svcs:	ICF/IID: 6	CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information CALAB INC 3803 S ROBINSON RD	75052-1239 FAX: (972) 263-2115 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: 2309 CLEARWOOD COURT 2309 CLEARWOOD CT ARLINGTON Phone (817) 226-1346 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: 2410 EDINBURGH 2410 EDINBURGH ARLINGTON Phone (817) 784-3626 TOTAL Lic Capacity: 0	TX Facility ID:	76014	(972) 606-4792 0 0 0 Reg Svcs:	ICF/IID: 6	CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112	75052-1239 FAX: (972) 263-2115 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75052-1239 FAX: (972) 263-2115
Facility Information: 2309 CLEARWOOD COURT 2309 CLEARWOOD CT ARLINGTON Phone (817) 226-1346 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: 2410 EDINBURGH 2410 EDINBURGH ARLINGTON Phone (817) 784-3626 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	76014	(972) 606-4792 0 0 0 Reg Svcs: (972) 606-4792 0	ICF/IID: 6	CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID	75052-1239 FAX: (972) 263-2115 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75052-1239
Facility Information: 2309 CLEARWOOD COURT 2309 CLEARWOOD CT ARLINGTON Phone (817) 226-1346 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: 2410 EDINBURGH 2410 EDINBURGH ARLINGTON Phone (817) 784-3626 TOTAL Lic Capacity: 0	TX Facility ID:	76014	(972) 606-4792 0 0 0 Reg Svcs: (972) 606-4792 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112	75052-1239 FAX: (972) 263-2115 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75052-1239 FAX: (972) 263-2115
Facility Information: 2309 CLEARWOOD COURT 2309 CLEARWOOD CT ARLINGTON Phone (817) 226-1346 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: 2410 EDINBURGH 2410 EDINBURGH ARLINGTON Phone (817) 784-3626 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT	TX Facility ID:	76014 Fax TITLE 18: TITLE 19: TITLE 18/19: 007352 76018 Fax TITLE 18: TITLE 19: TITLE 18/19:	(972) 606-4792 0 0 0 Reg Svcs: (972) 606-4792 0	ICF/IID: 6	CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017	75052-1239 FAX: (972) 263-2115 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75052-1239 FAX: (972) 263-2115
Facility Information: 2309 CLEARWOOD COURT 2309 CLEARWOOD CT ARLINGTON Phone (817) 226-1346 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: 2410 EDINBURGH 2410 EDINBURGH ARLINGTON Phone (817) 784-3626 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information:	TX Facility ID:	76014	(972) 606-4792 0 0 0 Reg Svcs: (972) 606-4792 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information	75052-1239 FAX: (972) 263-2115 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75052-1239 FAX: (972) 263-2115 SERVICE TYPE PRIVATELY OWNED
Facility Information: 2309 CLEARWOOD COURT 2309 CLEARWOOD CT ARLINGTON Phone (817) 226-1346 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: 2410 EDINBURGH 2410 EDINBURGH ARLINGTON Phone (817) 784-3626 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT	TX Facility ID:	76014 Fax TITLE 18: TITLE 19: TITLE 18/19: 007352 76018 Fax TITLE 18: TITLE 19: TITLE 18/19:	(972) 606-4792 0 0 0 Reg Svcs: (972) 606-4792 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information CALAB INC CALAB INC	75052-1239 FAX: (972) 263-2115 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75052-1239 FAX: (972) 263-2115 SERVICE TYPE PRIVATELY OWNED
Facility Information: 2309 CLEARWOOD COURT 2309 CLEARWOOD CT ARLINGTON Phone (817) 226-1346 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: 2410 EDINBURGH 2410 EDINBURGH ARLINGTON Phone (817) 784-3626 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: 4209 BLOSSOM TRAIL	TX Facility ID:	76014 Fax TITLE 18: TITLE 19: TITLE 18/19: 007352 76018 Fax TITLE 18: TITLE 19: TITLE 18/19:	(972) 606-4792 0 0 0 Reg Svcs: (972) 606-4792 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017	75052-1239 FAX: (972) 263-2115 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75052-1239 FAX: (972) 263-2115 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: 2309 CLEARWOOD COURT 2309 CLEARWOOD CT ARLINGTON Phone (817) 226-1346 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: 2410 EDINBURGH 2410 EDINBURGH ARLINGTON Phone (817) 784-3626 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: 4209 BLOSSOM TRAIL 4209 BLOSSOM TRAIL	TX Facility ID: TX Facility ID:	76014 Fax TITLE 18: TITLE 19: 007352 76018 Fax TITLE 18: TITLE 19: TITLE 18/19:	(972) 606-4792 0 0 0 Reg Svcs: (972) 606-4792 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017	75052-1239 FAX: (972) 263-2115 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75052-1239 FAX: (972) 263-2115 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: 2309 CLEARWOOD COURT 2309 CLEARWOOD CT ARLINGTON Phone (817) 226-1346 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: 2410 EDINBURGH 2410 EDINBURGH ARLINGTON Phone (817) 784-3626 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: 4209 BLOSSOM TRAIL 4209 BLOSSOM TRAIL 4209 BLOSSOM TR	TX Facility ID: TX Facility ID:	76014	(972) 606-4792 0 0 0 Reg Svcs: (972) 606-4792 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 CONTROL OF TOTAL OF TAX PHONE: (972) 263-2112	75052-1239 FAX: (972) 263-2115 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75052-1239 FAX: (972) 263-2115 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75052-1239 FAX: (972) 263-2115
Facility Information: 2309 CLEARWOOD COURT 2309 CLEARWOOD CT ARLINGTON Phone (817) 226-1346 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: 2410 EDINBURGH 2410 EDINBURGH ARLINGTON Phone (817) 784-3626 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: 4209 BLOSSOM TRAIL 4209 BLOSSOM TRAIL 4209 BLOSSOM TR ARLINGTON Phone (817) 516-7577	TX Facility ID: TX Facility ID:	76014	(972) 606-4792 0 0 0 Reg Svcs: (972) 606-4792 0 0 0 (972) 606-4792 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information CALAB INC 3803 S ROBINSON RD GRAND PRAIRIE TX PHONE: (972) 263-2112 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017	75052-1239 FAX: (972) 263-2115 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 75052-1239 FAX: (972) 263-2115 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON

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County TARRANT			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	104605	·		Owner Information	•
A & M CARE INC					A & M CARE INC	
2605 GLASSBORO CIR ARLINGTON	TX	76015			2410 E HWY 377	
Phone (817) 795-7999	174	Fax	(817) 548-0911		GRANBURY TX	76049
TOTAL Lic Capacity: 0		TITLE 18:	, ,	ICF/IID: 6	PHONE : (817) 795-7999	FAX : (817) 548-0911
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 06/17/2017	
County TARRANT			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	007584	Neg 3vcs.	IID I EAW	Owner Information	Region 03 - ARLINGTON
AMICUS AT RIFLEMAN					AMICUS, INC	
405 RIFLEMAN TRAIL		70040			1129 N LITTLE SCHOOL RD	
ARLINGTON Phone (817) 467-3626	TX	76018 Fax	(817) 563-7906		ARLINGTON TX	76017-1900
,			, ,	IOE/IID	PHONE : (817) 563-7900	FAX : (817) 563-7906
TOTAL Lic Capacity: 0		TITLE 18: TITLE19:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0 PRIVATE Beds: 0		TITLE 18/19:				
		111LE 10/19:	V		License Exp Dt: 09/01/2017	
County TARRANT		00	Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	007526			Owner Information	
AMICUS AT SHAWN 517 SHAWN COURT					AMICUS, INC 1129 N LITTLE SCHOOL RD	
ARLINGTON	TX	76014			ARLINGTON TX	76017-1900
Phone (817) 784-1806		Fax	(817) 563-7906			
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE: (817) 563-7900	FAX : (817) 563-7906
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 12/01/2017	
County TARRANT			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
County TARRANT Facility Information:	Facility ID:	007589	Reg Svcs:	IID TEAM	Owner Information	Region 03 - ARLINGTON
Facility Information: AMICUS AT XAVIER	Facility ID:	007589	Reg Svcs:	IID TEAM	AMICUS, INC	Region 03 - ARLINGTON
Facility Information:	Facility ID:	007589 76001	Reg Svcs:	IID TEAM	AMICUS, INC 1129 N LITTLE SCHOOL RD	v
Facility Information: AMICUS AT XAVIER 817 XAVIER DR	·		Reg Svcs:	IID TEAM	AMICUS, INC 1129 N LITTLE SCHOOL RD ARLINGTON TX	76017-1900
Facility Information: AMICUS AT XAVIER 817 XAVIER DR ARLINGTON	·	76001	(817) 563-7906	IID TEAM ICF/IID: 6	AMICUS, INC 1129 N LITTLE SCHOOL RD ARLINGTON TX PHONE: (817) 563-7900	76017-1900 FAX: (817) 563-7906
Facility Information: AMICUS AT XAVIER 817 XAVIER DR ARLINGTON Phone (817) 467-3731	·	76001 Fax	(817) 563-7906 0		AMICUS, INC 1129 N LITTLE SCHOOL RD ARLINGTON TX	76017-1900
Facility Information: AMICUS AT XAVIER 817 XAVIER DR ARLINGTON Phone (817) 467-3731 TOTAL Lic Capacity: 0	·	76001 Fax TITLE 18:	(817) 563-7906 0		AMICUS, INC 1129 N LITTLE SCHOOL RD ARLINGTON TX PHONE: (817) 563-7900	76017-1900 FAX: (817) 563-7906
Facility Information: AMICUS AT XAVIER 817 XAVIER DR ARLINGTON Phone (817) 467-3731 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	76001 Fax TITLE 18: TITLE19:	(817) 563-7906 0		AMICUS, INC 1129 N LITTLE SCHOOL RD ARLINGTON TX PHONE: (817) 563-7900 PROGRAM TYPE: ICF/IID	76017-1900 FAX: (817) 563-7906
Facility Information: AMICUS AT XAVIER 817 XAVIER DR ARLINGTON Phone (817) 467-3731 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	76001 Fax TITLE 18: TITLE19:	(817) 563-7906 0 0	ICF/IID: 6	AMICUS, INC 1129 N LITTLE SCHOOL RD ARLINGTON TX PHONE: (817) 563-7900 PROGRAM TYPE: ICF/IID	76017-1900 FAX: (817) 563-7906 SERVICE TYPE PRIVATELY OWNED
Facility Information: AMICUS AT XAVIER 817 XAVIER DR ARLINGTON Phone (817) 467-3731 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: BOSQUE COMMUNITY HOME	TX Facility ID:	76001 Fax TITLE 18: TITLE19: TITLE 18/19:	(817) 563-7906 0 0	ICF/IID: 6	AMICUS, INC 1129 N LITTLE SCHOOL RD ARLINGTON TX PHONE: (817) 563-7900 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017	76017-1900 FAX: (817) 563-7906 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: AMICUS AT XAVIER 817 XAVIER DR ARLINGTON Phone (817) 467-3731 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: BOSQUE COMMUNITY HOME 1919 BOSQUE LN	TX Facility ID:	76001 Fax TITLE 18: TITLE19: TITLE 18/19:	(817) 563-7906 0 0	ICF/IID: 6	AMICUS, INC 1129 N LITTLE SCHOOL RD ARLINGTON TX PHONE: (817) 563-7900 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information	76017-1900 FAX: (817) 563-7906 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: AMICUS AT XAVIER 817 XAVIER DR ARLINGTON Phone (817) 467-3731 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: BOSQUE COMMUNITY HOME	TX Facility ID:	76001 Fax TITLE 18: TITLE19: TITLE 18/19:	(817) 563-7906 0 0	ICF/IID: 6	AMICUS, INC 1129 N LITTLE SCHOOL RD ARLINGTON TX PHONE: (817) 563-7900 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED	76017-1900 FAX: (817) 563-7906 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: AMICUS AT XAVIER 817 XAVIER DR ARLINGTON Phone (817) 467-3731 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: BOSQUE COMMUNITY HOME 1919 BOSQUE LN ARLINGTON Phone (817) 548-9444	TX Facility ID:	76001 Fax TITLE 18: TITLE 19: TITLE 18/19: 007473 76006 Fax	(817) 563-7906 0 0 0 Reg Svcs:	ICF/IID: 6	AMICUS, INC 1129 N LITTLE SCHOOL RD ARLINGTON TX PHONE: (817) 563-7900 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD	76017-1900 FAX: (817) 563-7906 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: AMICUS AT XAVIER 817 XAVIER DR ARLINGTON Phone (817) 467-3731 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: BOSQUE COMMUNITY HOME 1919 BOSQUE LN ARLINGTON	TX Facility ID:	76001 Fax TITLE 18: TITLE19: TITLE 18/19: 007473	(817) 563-7906 0 0 0 Reg Svcs:	ICF/IID: 6	AMICUS, INC 1129 N LITTLE SCHOOL RD ARLINGTON TX PHONE: (817) 563-7900 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY	76017-1900 FAX: (817) 563-7906 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON PARTNERSHIP 40223-3808
Facility Information: AMICUS AT XAVIER 817 XAVIER DR ARLINGTON Phone (817) 467-3731 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: BOSQUE COMMUNITY HOME 1919 BOSQUE LN ARLINGTON Phone (817) 548-9444 TOTAL Lic Capacity: 0	TX Facility ID:	76001 Fax TITLE 18: TITLE 19: TITLE 18/19: 007473 76006 Fax TITLE 18:	(817) 563-7906 0 0 0 Reg Svcs:	ICF/IID: 6	AMICUS, INC 1129 N LITTLE SCHOOL RD ARLINGTON TX PHONE: (817) 563-7900 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100	76017-1900 FAX: (817) 563-7906 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON PARTNERSHIP 40223-3808 FAX: (502) 394-2285
Facility Information: AMICUS AT XAVIER 817 XAVIER DR ARLINGTON Phone (817) 467-3731 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: BOSQUE COMMUNITY HOME 1919 BOSQUE LN ARLINGTON Phone (817) 548-9444 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	76001	(817) 563-7906 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	AMICUS, INC 1129 N LITTLE SCHOOL RD ARLINGTON TX PHONE: (817) 563-7900 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	76017-1900 FAX: (817) 563-7906 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
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Facility Information: AMICUS AT XAVIER 817 XAVIER DR ARLINGTON Phone (817) 467-3731 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: BOSQUE COMMUNITY HOME 1919 BOSQUE LN ARLINGTON Phone (817) 548-9444 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	76001	(817) 563-7906 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	AMICUS, INC 1129 N LITTLE SCHOOL RD ARLINGTON TX PHONE: (817) 563-7900 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	76017-1900 FAX: (817) 563-7906 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
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Facility Information: AMICUS AT XAVIER 817 XAVIER DR ARLINGTON Phone (817) 467-3731 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: BOSQUE COMMUNITY HOME 1919 BOSQUE LN ARLINGTON Phone (817) 548-9444 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: CALIFORNIA 2812 CALIFORNIA ARLINGTON	Facility ID:	76001 Fax TITLE 18: TITLE19: TITLE 18/19: 007473 76006 Fax TITLE 18: TITLE19: TITLE 18/19: 007817	(817) 563-7906 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	AMICUS, INC 1129 N LITTLE SCHOOL RD ARLINGTON TX PHONE: (817) 563-7900 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information TARRANT COUNTY MHMR SERVICES	76017-1900 FAX: (817) 563-7906 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
Facility Information: AMICUS AT XAVIER 817 XAVIER DR ARLINGTON Phone (817) 467-3731 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: BOSQUE COMMUNITY HOME 1919 BOSQUE LN ARLINGTON Phone (817) 548-9444 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: CALIFORNIA 2812 CALIFORNIA ARLINGTON Phone (817) 860-6257	TX Facility ID: TX Facility ID:	76001 Fax TITLE 18: TITLE 19: TITLE 18/19: 007473 76006 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19: 007817 76016 Fax	(817) 563-7906 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	AMICUS, INC 1129 N LITTLE SCHOOL RD ARLINGTON TX PHONE: (817) 563-7900 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information TARRANT COUNTY MHMR SERVICES PO BOX 2603	76017-1900 FAX: (817) 563-7906 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: AMICUS AT XAVIER 817 XAVIER DR ARLINGTON Phone (817) 467-3731 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: BOSQUE COMMUNITY HOME 1919 BOSQUE LN ARLINGTON Phone (817) 548-9444 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: CALIFORNIA 2812 CALIFORNIA ARLINGTON Phone (817) 860-6257 TOTAL Lic Capacity: 0	TX Facility ID: TX Facility ID:	76001 Fax TITLE 18: TITLE 18/19: 007473 76006 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19: 007817 76016 Fax TITLE 18: TITLE 18:	(817) 563-7906 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	AMICUS, INC 1129 N LITTLE SCHOOL RD ARLINGTON TX PHONE: (817) 563-7900 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634	76017-1900 FAX: (817) 563-7906 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76113 FAX:
Facility Information: AMICUS AT XAVIER 817 XAVIER DR ARLINGTON Phone (817) 467-3731 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: BOSQUE COMMUNITY HOME 1919 BOSQUE LN ARLINGTON Phone (817) 548-9444 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: CALIFORNIA 2812 CALIFORNIA ARLINGTON Phone (817) 860-6257	TX Facility ID: TX Facility ID:	76001 Fax TITLE 18: TITLE 19: TITLE 18/19: 007473 76006 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19: 007817 76016 Fax	(817) 563-7906 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	AMICUS, INC 1129 N LITTLE SCHOOL RD ARLINGTON TX PHONE: (817) 563-7900 PROGRAM TYPE: ICF/IID License Exp Dt: 09/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX	76017-1900 FAX: (817) 563-7906 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON

 Wednesday, January 04, 2017
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County TARRANT			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	007302	-		Owner Information	·
CEDAR OAKS COMMUNITY H	HOME				EDUCARE COMMUNITY LIVING LIMITED	PARTNERSHIP
1000 COKE RD ARLINGTON	TX	76010			9901 LINN STATION ROAD	
Phone (817) 459-3556	.,,	Fax			LOUISVILLE KY	40223-3808
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (502) 394-2100	FAX: (502) 394-2285
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2017	
County TARRANT			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	003601	v		Owner Information	
EDUCARE COMMUNITY LIVII	NG CORPORAT	TION - TEXAS			EDUCARE COMMUNITY LIVING CORPOR	ATION - TEXAS
1824 S FIELDER ARLINGTON	TX	76013			9901 LINN STATION RD	
Phone (817) 461-6234	IA.	Fax			LOUISVILLE KY	40223
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (502) 394-2100	FAX: (502) 394-2285
Cert Alzh Capacity: 0		TITLE19:		ioi/iibi	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2018	
County TARRANT			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	007277	riog ovos.	IID TEAW	Owner Information	region of Archiveron
EDUCARE COMMUNITY LIVII	•				EDUCARE COMMUNITY LIVING CORPOR	ATION - TEXAS
2310 SHARPSHIRE LN		70044			9901 LINN STATION RD	
ARLINGTON Phone (817) 784-0406	TX	76014 Fax			LOUISVILLE KY	40223
,			^	IOF/IID C	PHONE : (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0		TITLE 18: TITLE19:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0 PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 01/01/2018	
-		11122 10/10.			21/01/2010	
County TARRANT	F	007004	Reg Svcs:	IID TEAM	Our and before the con-	Region 03 - ARLINGTON
Facility Information:	Facility ID:	007281	Reg Svcs:	IID TEAM	Owner Information EDLICARE COMMUNITY LIVING CORPOR	v
•	•		Reg Svcs:	IID TEAM	EDUCARE COMMUNITY LIVING CORPOR	v
Facility Information: EDUCARE COMMUNITY LIVII 4700 MANDALAY DR ARLINGTON	•	76016	Reg Svcs:	IID TEAM		v
Facility Information: EDUCARE COMMUNITY LIVIT 4700 MANDALAY DR	NG CORPORAT	TION - TEXAS	Reg Svcs:	IID TEAM	EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY	ATION - TEXAS 40223
Facility Information: EDUCARE COMMUNITY LIVII 4700 MANDALAY DR ARLINGTON Phone (817) 572-7461 TOTAL Lic Capacity: 0	NG CORPORAT	TION - TEXAS 76016 Fax TITLE 18:	0	IID TEAM ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100	ATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: EDUCARE COMMUNITY LIVII 4700 MANDALAY DR ARLINGTON Phone (817) 572-7461 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	NG CORPORAT	76016 Fax TITLE 18: TITLE19:	0 0		EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	ATION - TEXAS 40223
Facility Information: EDUCARE COMMUNITY LIVII 4700 MANDALAY DR ARLINGTON Phone (817) 572-7461 TOTAL Lic Capacity: 0	NG CORPORAT	TION - TEXAS 76016 Fax TITLE 18:	0 0		EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100	ATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: EDUCARE COMMUNITY LIVII 4700 MANDALAY DR ARLINGTON Phone (817) 572-7461 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT	NG CORPORAT	76016 Fax TITLE 18: TITLE 18/19:	0 0		EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018	ATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: EDUCARE COMMUNITY LIVII 4700 MANDALAY DR ARLINGTON Phone (817) 572-7461 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information:	NG CORPORAT TX Facility ID:	76016 Fax TITLE 18: TITLE 19: TITLE 18/19:	0 0 0	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information	ATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: EDUCARE COMMUNITY LIVII 4700 MANDALAY DR ARLINGTON Phone (817) 572-7461 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: EDUCARE COMMUNITY LIVII	NG CORPORAT TX Facility ID:	76016 Fax TITLE 18: TITLE 19: TITLE 18/19:	0 0 0	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPOR	ATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: EDUCARE COMMUNITY LIVII 4700 MANDALAY DR ARLINGTON Phone (817) 572-7461 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information:	NG CORPORAT TX Facility ID:	76016 Fax TITLE 18: TITLE 19: TITLE 18/19:	0 0 0	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD	ATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ATION - TEXAS
Facility Information: EDUCARE COMMUNITY LIVII 4700 MANDALAY DR ARLINGTON Phone (817) 572-7461 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: EDUCARE COMMUNITY LIVII 5004 MISTY WOOD DR	TX Facility ID: NG CORPORAT	76016 Fax TITLE 18: TITLE 19: TITLE 18/19: 003676 FION - TEXAS	0 0 0	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY	ATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ATION - TEXAS 40223
Facility Information: EDUCARE COMMUNITY LIVII 4700 MANDALAY DR ARLINGTON Phone (817) 572-7461 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: EDUCARE COMMUNITY LIVII 5004 MISTY WOOD DR ARLINGTON	TX Facility ID: NG CORPORAT	76016 Fax TITLE 18: TITLE 19: TITLE 18/19: 003676 TION - TEXAS 76017	0 0 0 Reg Svcs:	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100	ATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: EDUCARE COMMUNITY LIVII 4700 MANDALAY DR ARLINGTON Phone (817) 572-7461 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: EDUCARE COMMUNITY LIVII 5004 MISTY WOOD DR ARLINGTON Phone (817) 516-7469	TX Facility ID: NG CORPORAT	76016 Fax TITLE 18: TITLE 19: TITLE 18/19: 003676 TION - TEXAS 76017 Fax	0 0 0 Reg Svcs:	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY	ATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ATION - TEXAS 40223
Facility Information: EDUCARE COMMUNITY LIVII 4700 MANDALAY DR ARLINGTON Phone (817) 572-7461 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: EDUCARE COMMUNITY LIVII 5004 MISTY WOOD DR ARLINGTON Phone (817) 516-7469 TOTAL Lic Capacity: 0	TX Facility ID: NG CORPORAT	76016 Fax TITLE 18: TITLE 18: TITLE 18/19: 003676 TION - TEXAS 76017 Fax TITLE 18:	0 0 0 Reg Svcs:	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100	ATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: EDUCARE COMMUNITY LIVII 4700 MANDALAY DR ARLINGTON Phone (817) 572-7461 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: EDUCARE COMMUNITY LIVII 5004 MISTY WOOD DR ARLINGTON Phone (817) 516-7469 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID: NG CORPORAT	76016 Fax TITLE 18: TITLE 18/19: 003676 TION - TEXAS 76017 Fax TITLE 18: TITLE 18: TITLE 19:	0 0 0 Reg Svcs:	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	ATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: EDUCARE COMMUNITY LIVII 4700 MANDALAY DR ARLINGTON Phone (817) 572-7461 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: EDUCARE COMMUNITY LIVII 5004 MISTY WOOD DR ARLINGTON Phone (817) 516-7469 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information:	Facility ID: Facility ID:	TION - TEXAS 76016 Fax TITLE 18: TITLE 19: 003676 TION - TEXAS 76017 Fax TITLE 18: TITLE 19: TITLE 19: TITLE 18: 101452	0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018	ATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: EDUCARE COMMUNITY LIVII 4700 MANDALAY DR ARLINGTON Phone (817) 572-7461 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: EDUCARE COMMUNITY LIVII 5004 MISTY WOOD DR ARLINGTON Phone (817) 516-7469 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: EVERGREEN ECHO SUMMITED	Facility ID: Facility ID:	TION - TEXAS 76016 Fax TITLE 18: TITLE 19: 003676 TION - TEXAS 76017 Fax TITLE 18: TITLE 19: TITLE 19: TITLE 18: 101452	0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EVERGREEN PRESBYTERIAN MINISTRIE	ATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: EDUCARE COMMUNITY LIVII 4700 MANDALAY DR ARLINGTON Phone (817) 572-7461 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: EDUCARE COMMUNITY LIVII 5004 MISTY WOOD DR ARLINGTON Phone (817) 516-7469 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information:	Facility ID: Facility ID:	TION - TEXAS 76016 Fax TITLE 18: TITLE 19: 003676 TION - TEXAS 76017 Fax TITLE 18: TITLE 19: TITLE 19: TITLE 18: 101452	0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EVERGREEN PRESBYTERIAN MINISTRIE 10810 SANDEN DR	ATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON SOF TEXAS INC
Facility Information: EDUCARE COMMUNITY LIVII 4700 MANDALAY DR ARLINGTON Phone (817) 572-7461 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: EDUCARE COMMUNITY LIVII 5004 MISTY WOOD DR ARLINGTON Phone (817) 516-7469 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: EVERGREEN ECHO SUMMIT LN	Facility ID: TX Facility ID: TX Facility ID: TX	TION - TEXAS 76016 Fax TITLE 18: TITLE19: 003676 TION - TEXAS 76017 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18: HOME	0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EVERGREEN PRESBYTERIAN MINISTRIE 10810 SANDEN DR DALLAS TX	ATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON SOF TEXAS INC 75238
Facility Information: EDUCARE COMMUNITY LIVII 4700 MANDALAY DR ARLINGTON Phone (817) 572-7461 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: EDUCARE COMMUNITY LIVII 5004 MISTY WOOD DR ARLINGTON Phone (817) 516-7469 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: EVERGREEN ECHO SUMMIT EVERGREEN ECHO SUMMIT 6218 ECHO SUMMIT LN ARLINGTON	Facility ID: TX Facility ID: TX Facility ID: TX	76016	0 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EVERGREEN PRESBYTERIAN MINISTRIE 10810 SANDEN DR	ATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON SOF TEXAS INC
Facility Information: EDUCARE COMMUNITY LIVII 4700 MANDALAY DR ARLINGTON Phone (817) 572-7461 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: EDUCARE COMMUNITY LIVII 5004 MISTY WOOD DR ARLINGTON Phone (817) 516-7469 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: EVERGREEN ECHO SUMMIT 6218 ECHO SUMMIT LN ARLINGTON Phone (817) 478-0774	Facility ID: TX Facility ID: TX Facility ID: TX	TION - TEXAS 76016 Fax TITLE 18: TITLE 19: 003676 TION - TEXAS 76017 Fax TITLE 18: TITLE 18: TITLE 19: 101452 HOME 76017 Fax	0 0 0 Reg Svcs: 0 0 0 Reg Svcs: (972) 386-9509	ICF/IID: 6 IID TEAM ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EVERGREEN PRESBYTERIAN MINISTRIE 10810 SANDEN DR DALLAS TX	ATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON SOF TEXAS INC 75238
Facility Information: EDUCARE COMMUNITY LIVII 4700 MANDALAY DR ARLINGTON Phone (817) 572-7461 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: EDUCARE COMMUNITY LIVII 5004 MISTY WOOD DR ARLINGTON Phone (817) 516-7469 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: EVERGREEN ECHO SUMMIT LN ARLINGTON Phone (817) 478-0774 TOTAL Lic Capacity: 0	Facility ID: TX Facility ID: TX Facility ID: TX	TION - TEXAS 76016 Fax TITLE 18: TITLE 19: 003676 TION - TEXAS 76017 Fax TITLE 18: TITLE 18: TITLE 19: 101452 HOME 76017 Fax TITLE 18: TITLE 18: TITLE 18: TITLE 18:	0 0 0 Reg Svcs: 0 0 0 0 Reg Svcs: (972) 386-9509 0	ICF/IID: 6 IID TEAM ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPOR 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EVERGREEN PRESBYTERIAN MINISTRIE 10810 SANDEN DR DALLAS TX PHONE: (972) 386-4834	ATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON ATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON SOF TEXAS INC 75238 FAX:

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County TARRANT Reg Svcs: IID TEAM 03 - ARLINGTON Region Facility ID: **Facility Information:** 007562 Owner Information EVERGREEN ELMGROVE COMMUNITY HOME EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC 4211 FLMGROVE 10810 SANDEN DR ARLINGTON TX 76015 DALLAS TX 75238 Phone (817) 375-5033 Fax (972) 386-9509 PHONE: FAX: (972) 386-4834 ICF/IID: 6 TOTAL Lic Capacity: 0 TITLE 18: 0 PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED Cert Alzh Capacity: 0 TITLE19: 0 PRIVATE Beds: 0 TITLE 18/19: 0 License Exp Dt: 11/01/2017 County TARRANT IID TEAM 03 - ARI INGTON Reg Svcs: Region **Facility Information:** Facility ID: 007563 **Owner Information EVERGREEN ENDICOTT COMMUNITY HOME** EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC 1502 ENDICOTT 10810 SANDEN DR ARLINGTON TX 76018 DALLAS TX 75238 Phone (817) 375-5009 Fax (972) 386-9509 PHONE: (972) 386-4834 FAX: TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6 PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED Cert Alzh Capacity: 0 **TITLE19**: 0 PRIVATE Beds: 0 TITLE 18/19: 0 License Exp Dt: 11/01/2017 County TARRANT IID TEAM 03 - ARI INGTON Reg Svcs: Region **Facility Information:** Facility ID: 101525 **Owner Information** EVERGREEN JEANNETTE EARLY COMMUNITY HOME EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC 329 MONTANA DR 10810 SANDEN DR ARLINGTON TX 76002 ΤX 75238 **DALLAS** (817) 468-4471 Phone Fax FAX: PHONE: (972) 386-4834 TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6 PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED **TITLE19**: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 TITLE 18/19: 0 License Exp Dt: 08/12/2017 County TARRANT Reg Svcs: IID TEAM 03 - ARLINGTON Region **Facility Information:** Facility ID: 101454 **Owner Information EVERGREEN SALIDA COMMUNITY HOME** EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC 911 SALIDA DR 10810 SANDEN DR ARLINGTON 76001 ΤX DALLAS TX 75238 Phone (817) 477-9722 Fax PHONE: (972) 386-4834 FAX: TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6 PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED Cert Alzh Capacity: 0 TITLE19: 0 PRIVATE Beds: 0 TITLE 18/19: 0 License Exp Dt: 06/06/2017 County TARRANT Reg Svcs: IID TEAM Region 03 - ARLINGTON Facility ID: **Facility Information:** 101819 Owner Information EVERGREEN WAGNER COMMUNITY HOME EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC 7905 PEREGRINE TRAIL 10810 SANDEN DR ΤX 76001 ARLINGTON **DALLAS** TX 75238 (817) 477-5600 Fax (972) 386-9509 PHONE: (972) 386-4834 FAX: TITLE 18: 0 TOTAL Lic Capacity: 0 ICF/IID: 6 PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED Cert Alzh Capacity: 0 TITLE19: 0 PRIVATE Beds: 0 TITLE 18/19: 0 License Exp Dt: 05/18/2018 County TARRANT Reg Svcs: IID TEAM Region 03 - ARLINGTON Facility Information: Facility ID: 007301 Owner Information FOX HILL COMMUNITY HOME EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP 3202 FOX HILL DR 9901 LINN STATION ROAD ARLINGTON TX 76015 LOUISVILLE KY 40223-3808 Phone (817) 468-1444 Fax

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ICF/IID: 6

TOTAL Lic Capacity: 0

Cert Alzh Capacity: 0

PRIVATE Beds: 0

TITLE 18: 0

TITLE19: 0

TITLE 18/19:

PHONE:

License Exp Dt:

(502) 394-2100

01/01/2017

PROGRAM TYPE: ICF/IID

FAX:

(502) 394-2285

SERVICE TYPE PRIVATELY OWNED

County TARRANT			Reg Svcs:	IID TEAM		Region 03 - A	ARLINGTON
Facility Information:	Facility ID:	003952			Owner Information		
MAGNOLIA COMMUNITY HON	ИΕ				EDUCARE COMMUNITY LIVING LIMITED	PARTNERSHIP	
500 MAGNOLIA ARLINGTON	TX	76012			9901 LINN STATION ROAD		
Phone (817) 543-0807		Fax	(713) 622-9141		LOUISVILLE KY	40223-3	808
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (502) 394-2100	FAX:	(502) 394-2285
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2017		
County TARRANT			Reg Svcs:	IID TEAM		Region 03 - A	ARLINGTON
Facility Information:	Facility ID:	003665			Owner Information		
NEWSTART LIVING CENTER	V				NEWSTART INC		
4503 PALOMINO CT ARLINGTON	TX	76017			PO BOX 331629		
Phone (817) 294-9675		Fax	(817) 294-9907		FORT WORTH TX	76163	
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (817) 294-9675	FAX:	(817) 294-9907
Cert Alzh Capacity: 0		TITLE19:		- ***	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 05/01/2017		
County TARRANT			Reg Svcs:	IID TEAM		Region 03 - A	ARLINGTON
Facility Information:	Facility ID:	007524	•		Owner Information	•	
QUINCY HOUSE					A & M CARE INC		
2004 QUINCY CT ARLINGTON	TX	76013			2410 E HWY 377		
Phone (817) 548-0911	IA.	Fax	(817) 459-4818		GRANBURY TX	76049	
TOTAL Lic Capacity: 0		TITLE 18:	• •	ICF/IID: 6	PHONE: (817) 795-7999	FAX:	(817) 548-0911
Cert Alzh Capacity: 0		TITLE 19:		iornib. o	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 04/08/2018		
County TARRANT			Rea Sycs:	IID TEAM		Region 03 - A	ARLINGTON
County TARRANT Facility Information:	Facility ID:	007576	Reg Svcs:	IID TEAM	Owner Information	Region 03 - A	ARLINGTON
•	Facility ID:	007576	Reg Svcs:	IID TEAM	Owner Information TARRANT COUNTY MHMR SERVICES	Region 03 - A	ARLINGTON
Facility Information: RACQUET CLUB 4809 RACQUET CLUB DRIVE	·		Reg Svcs:	IID TEAM		Region 03 - A	ARLINGTON
Facility Information: RACQUET CLUB 4809 RACQUET CLUB DRIVE ARLINGTON	Facility ID:	76017-2625	· ·	IID TEAM	TARRANT COUNTY MHMR SERVICES	Region 03 - A	ARLINGTON
Facility Information: RACQUET CLUB 4809 RACQUET CLUB DRIVE ARLINGTON Phone (817) 569-5632	·	76017-2625 Fax	(817) 569-4130		TARRANT COUNTY MHMR SERVICES PO BOX 2603	· ·	ARLINGTON
Facility Information: RACQUET CLUB 4809 RACQUET CLUB DRIVE ARLINGTON Phone (817) 569-5632 TOTAL Lic Capacity: 0	·	76017-2625 Fax TITLE 18:	(817) 569-4130 0	IID TEAM ICF/IID: 8	TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX	76113 FAX :	ARLINGTON GOVERNMENT BASED
Facility Information: RACQUET CLUB 4809 RACQUET CLUB DRIVE ARLINGTON Phone (817) 569-5632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	76017-2625 Fax TITLE 18: TITLE19:	(817) 569-4130 0		TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634	76113 FAX :	
Facility Information: RACQUET CLUB 4809 RACQUET CLUB DRIVE ARLINGTON Phone (817) 569-5632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	76017-2625 Fax TITLE 18:	(817) 569-4130 0 0	ICF/IID: 8	TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634 PROGRAM TYPE: ICF/IID	76113 FAX: SERVICE TYPE (GOVERNMENT BASED
Facility Information: RACQUET CLUB 4809 RACQUET CLUB DRIVE ARLINGTON Phone (817) 569-5632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	76017-2625 Fax TITLE 18: TITLE19:	(817) 569-4130 0		TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634 PROGRAM TYPE: ICF/IID	76113 FAX: SERVICE TYPE (
Facility Information: RACQUET CLUB 4809 RACQUET CLUB DRIVE ARLINGTON Phone (817) 569-5632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT	TX Facility ID:	76017-2625 Fax TITLE 18: TITLE19: TITLE 18/19:	(817) 569-4130 0 0	ICF/IID: 8	TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634 PROGRAM TYPE: ICF/IID License Exp Dt:	76113 FAX: SERVICE TYPE (Region 03 - A	GOVERNMENT BASED
Facility Information: RACQUET CLUB 4809 RACQUET CLUB DRIVE ARLINGTON Phone (817) 569-5632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: REVERCHON COMMUNITY H-2121 REVERCHON DR	TX Facility ID: OME	76017-2625 Fax TITLE 18: TITLE19: TITLE 18/19:	(817) 569-4130 0 0	ICF/IID: 8	TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information	76113 FAX: SERVICE TYPE (Region 03 - A	GOVERNMENT BASED
Facility Information: RACQUET CLUB 4809 RACQUET CLUB DRIVE ARLINGTON Phone (817) 569-5632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: REVERCHON COMMUNITY H 2121 REVERCHON DR ARLINGTON	TX Facility ID:	76017-2625	(817) 569-4130 0 0	ICF/IID: 8	TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING LIMITED	76113 FAX: SERVICE TYPE (Region 03 - A	GOVERNMENT BASED ARLINGTON
Facility Information: RACQUET CLUB 4809 RACQUET CLUB DRIVE ARLINGTON Phone (817) 569-5632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: REVERCHON COMMUNITY H 2121 REVERCHON DR ARLINGTON Phone (817) 557-5417	TX Facility ID: OME	76017-2625	(817) 569-4130 0 0 0 Reg Svcs:	ICF/IID: 8	TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD	76113 FAX: SERVICE TYPE (Region 03 - A	GOVERNMENT BASED ARLINGTON
Facility Information: RACQUET CLUB 4809 RACQUET CLUB DRIVE ARLINGTON Phone (817) 569-5632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: REVERCHON COMMUNITY H 2121 REVERCHON DR ARLINGTON Phone (817) 557-5417 TOTAL Lic Capacity: 0	TX Facility ID: OME	76017-2625	(817) 569-4130 0 0 0 Reg Svcs:	ICF/IID: 8	TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY	76113 FAX: SERVICE TYPE (Region 03 - A PARTNERSHIP 40223-3 FAX:	GOVERNMENT BASED ARLINGTON 8808
Facility Information: RACQUET CLUB 4809 RACQUET CLUB DRIVE ARLINGTON Phone (817) 569-5632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: REVERCHON COMMUNITY H 2121 REVERCHON DR ARLINGTON Phone (817) 557-5417	TX Facility ID: OME	76017-2625	(817) 569-4130 0 0 0 Reg Svcs:	ICF/IID: 8	TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100	76113 FAX: SERVICE TYPE (Region 03 - A PARTNERSHIP 40223-3 FAX:	GOVERNMENT BASED ARLINGTON 1808 (502) 394-2285
Facility Information: RACQUET CLUB 4809 RACQUET CLUB DRIVE ARLINGTON Phone (817) 569-5632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: REVERCHON COMMUNITY H 2121 REVERCHON DR ARLINGTON Phone (817) 557-5417 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID: OME	76017-2625	(817) 569-4130 0 0 0 Reg Svcs:	ICF/IID: 8 IID TEAM ICF/IID: 6	TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	76113 FAX: SERVICE TYPE (Region 03 - A PARTNERSHIP 40223-3 FAX: SERVICE TYPE F	GOVERNMENT BASED ARLINGTON 1808 (502) 394-2285 PRIVATELY OWNED
Facility Information: RACQUET CLUB 4809 RACQUET CLUB DRIVE ARLINGTON Phone (817) 569-5632 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: REVERCHON COMMUNITY H 2121 REVERCHON DR ARLINGTON Phone (817) 557-5417 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID: OME	76017-2625	(817) 569-4130 0 0 0 Reg Svcs:	ICF/IID: 8	TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	76113 FAX: SERVICE TYPE (Region 03 - A PARTNERSHIP 40223-3 FAX: SERVICE TYPE F	GOVERNMENT BASED ARLINGTON 1808 (502) 394-2285
Facility Information: RACQUET CLUB 4809 RACQUET CLUB DRIVE ARLINGTON Phone (817) 569-5632 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: REVERCHON COMMUNITY H 2121 REVERCHON DR ARLINGTON Phone (817) 557-5417 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT	Facility ID: OME TX Facility ID:	76017-2625	(817) 569-4130 0 0 0 Reg Svcs:	ICF/IID: 8 IID TEAM ICF/IID: 6	TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	76113 FAX: SERVICE TYPE (Region 03 - A PARTNERSHIP 40223-3 FAX: SERVICE TYPE F	GOVERNMENT BASED ARLINGTON 1808 (502) 394-2285 PRIVATELY OWNED
Facility Information: RACQUET CLUB 4809 RACQUET CLUB DRIVE ARLINGTON Phone (817) 569-5632 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: REVERCHON COMMUNITY H 2121 REVERCHON DR ARLINGTON Phone (817) 557-5417 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: SPRING CREEK COMMUNITY 4806 SPRING CREEK RD	Facility ID: TX Facility ID: HOME	76017-2625 Fax TITLE 18: TITLE19: TITLE 18/19: 007441 76017 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	(817) 569-4130 0 0 0 Reg Svcs:	ICF/IID: 8 IID TEAM ICF/IID: 6	TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	76113 FAX: SERVICE TYPE (Region 03 - A PARTNERSHIP 40223-3 FAX: SERVICE TYPE F	GOVERNMENT BASED ARLINGTON 1808 (502) 394-2285 PRIVATELY OWNED
Facility Information: RACQUET CLUB 4809 RACQUET CLUB DRIVE ARLINGTON Phone (817) 569-5632 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: REVERCHON COMMUNITY H 2121 REVERCHON DR ARLINGTON Phone (817) 557-5417 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: SPRING CREEK COMMUNITY 4806 SPRING CREEK RD ARLINGTON	Facility ID: OME TX Facility ID:	76017-2625	(817) 569-4130 0 0 0 Reg Svcs:	ICF/IID: 8 IID TEAM ICF/IID: 6	TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED	76113 FAX: SERVICE TYPE (Region 03 - A PARTNERSHIP 40223-3 FAX: SERVICE TYPE F	GOVERNMENT BASED ARLINGTON 1808 (502) 394-2285 PRIVATELY OWNED ARLINGTON
Facility Information: RACQUET CLUB 4809 RACQUET CLUB DRIVE ARLINGTON Phone (817) 569-5632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: REVERCHON COMMUNITY H 2121 REVERCHON DR ARLINGTON Phone (817) 557-5417 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: SPRING CREEK COMMUNITY 4806 SPRING CREEK RD ARLINGTON Phone (817) 478-9801	Facility ID: TX Facility ID: HOME	76017-2625	(817) 569-4130 0 0 0 Reg Svcs:	ICF/IID: 8 IID TEAM ICF/IID: 6	TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 01/01/2017	76113 FAX: SERVICE TYPE (Region 03 - A PARTNERSHIP 40223-3 FAX: SERVICE TYPE F Region 03 - A	GOVERNMENT BASED ARLINGTON 1808 (502) 394-2285 PRIVATELY OWNED ARLINGTON
Facility Information: RACQUET CLUB 4809 RACQUET CLUB DRIVE ARLINGTON Phone (817) 569-5632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: REVERCHON COMMUNITY H 2121 REVERCHON DR ARLINGTON Phone (817) 557-5417 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: SPRING CREEK COMMUNITY 4806 SPRING CREEK RD ARLINGTON Phone (817) 478-9801 TOTAL Lic Capacity: 0	Facility ID: TX Facility ID: HOME	76017-2625 Fax TITLE 18: TITLE 19: 007441 76017 Fax TITLE 18: TITLE 19: TITLE 18/19: 003850 76017-1228 Fax TITLE 18:	(817) 569-4130 0 0 0 Reg Svcs:	ICF/IID: 8 IID TEAM ICF/IID: 6	TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 101/01/2017	76113 FAX: SERVICE TYPE (Region 03 - A PARTNERSHIP 40223-3 FAX: SERVICE TYPE F Region 03 - A PARTNERSHIP 40223-3 FAX: FAX:	GOVERNMENT BASED ARLINGTON 6808 (502) 394-2285 PRIVATELY OWNED ARLINGTON
Facility Information: RACQUET CLUB 4809 RACQUET CLUB DRIVE ARLINGTON Phone (817) 569-5632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: REVERCHON COMMUNITY H 2121 REVERCHON DR ARLINGTON Phone (817) 557-5417 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: SPRING CREEK COMMUNITY 4806 SPRING CREEK RD ARLINGTON Phone (817) 478-9801	Facility ID: TX Facility ID: HOME	76017-2625	(817) 569-4130 0 0 0 Reg Svcs:	ICF/IID: 8 IID TEAM ICF/IID: 6	TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 COWNER INFORMATION ROAD LOUISVILLE KY PHONE: (502) 394-2100	76113 FAX: SERVICE TYPE (Region 03 - A PARTNERSHIP 40223-3 FAX: SERVICE TYPE F Region 03 - A PARTNERSHIP 40223-3 FAX: FAX:	GOVERNMENT BASED ARLINGTON B808 (502) 394-2285 PRIVATELY OWNED ARLINGTON B808 (502) 394-2285

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County TARRANT			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	007451			Owner Information	
DENVER TRAIL					MAINSTREAM HABILITATION SERVICE	S OF TEXAS INC
129 DENVER TRAIL AZLE	TX	76020			301 COMMERCE	
Phone (817) 270-2747		Fax	(817) 270-1477		AZLE TX	76020
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (817) 270-2747	FAX: (817) 270-1477
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 07/29/2017	
County TARRANT			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	003957	·		Owner Information	Ç
JAMES STREET COMMUNITY	HOME				EDUCARE COMMUNITY LIVING LIMITED	D PARTNERSHIP
708 JAMES ST AZLE	TX	76020			9901 LINN STATION ROAD	
Phone (817) 444-0095		Fax			LOUISVILLE KY	40223-3808
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE: (502) 394-2100	FAX: (502) 394-2285
Cert Alzh Capacity: 0		TITLE 10:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 01/01/2017	
County TARRANT			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	007414	1109 0103.	1 1111	Owner Information	
LAKEVIEW COMMUNITY HOM	•				EDUCARE COMMUNITY LIVING LIMITED	D PARTNERSHIP
1748 SPINNAKER LN	TV	70000			9901 LINN STATION ROAD	
AZLE Phone (817) 444-7177	TX	76020 Fax			LOUISVILLE KY	40223-3808
, ,		TITLE 18:	0	ICF/IID: 6	PHONE : (502) 394-2100	FAX : (502) 394-2285
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0		TITLE 10:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 01/01/2017	
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O TADDANT			D 0	UD TEAM		Danier 02 ADUNOTON
County TARRANT	Facility ID:	007/122	Reg Svcs:	IID TEAM	Owner Information	Region 03 - ARLINGTON
County TARRANT Facility Information: LAMPLIGHTER COMMUNITY F	Facility ID:	007422	Reg Svcs:	IID TEAM	Owner Information EDUCARE COMMUNITY LIVING LIMITE	·
Facility Information: LAMPLIGHTER COMMUNITY H 104 LAMPLIGHTER CT	HOME		Reg Svcs:	IID TEAM	<u> </u>	·
Facility Information: LAMPLIGHTER COMMUNITY H 104 LAMPLIGHTER CT AZLE	•	76020	Reg Svcs:	IID TEAM	EDUCARE COMMUNITY LIVING LIMITED	·
Facility Information: LAMPLIGHTER COMMUNITY F 104 LAMPLIGHTER CT AZLE Phone (817) 237-0385	HOME	76020 Fax			EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD	D PARTNERSHIP
Facility Information: LAMPLIGHTER COMMUNITY H 104 LAMPLIGHTER CT AZLE Phone (817) 237-0385 TOTAL Lic Capacity: 0	HOME	76020 Fax TITLE 18:	0	IID TEAM ICF/IID: 6	EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY	D PARTNERSHIP 40223-3808
Facility Information: LAMPLIGHTER COMMUNITY H 104 LAMPLIGHTER CT AZLE Phone (817) 237-0385 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	HOME	76020 Fax TITLE 18: TITLE19:	0 0		EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285
Facility Information: LAMPLIGHTER COMMUNITY H 104 LAMPLIGHTER CT AZLE Phone (817) 237-0385 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	HOME	76020 Fax TITLE 18: TITLE19:	0 0 0	ICF/IID: 6	EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
Facility Information: LAMPLIGHTER COMMUNITY For the state of the stat	HOME TX	76020 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0		EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285
Facility Information: LAMPLIGHTER COMMUNITY HOUSE 104 LAMPLIGHTER CT AZLE Phone (817) 237-0385 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information:	HOME	76020 Fax TITLE 18: TITLE19:	0 0 0	ICF/IID: 6	EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
Facility Information: LAMPLIGHTER COMMUNITY For the state of the stat	HOME TX Facility ID:	76020 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 6	EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information TARRANT COUNTY MHMR SERVICES	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
Facility Information: LAMPLIGHTER COMMUNITY HOUSE 104 LAMPLIGHTER CT AZLE Phone (817) 237-0385 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: TRAINING RESIDENCE 6 1619 PIPELINE ROAD BEDFORD	HOME TX	76020 Fax TITLE 18: TITLE19: TITLE 18/19: 007395	0 0 0	ICF/IID: 6	EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
Facility Information: LAMPLIGHTER COMMUNITY H 104 LAMPLIGHTER CT AZLE Phone (817) 237-0385 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: TRAINING RESIDENCE 6 1619 PIPELINE ROAD BEDFORD Phone (817) 354-8340	HOME TX Facility ID:	76020 Fax TITLE 18: TITLE 19: TITLE 18/19: 007395 76022 Fax	0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM	EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: LAMPLIGHTER COMMUNITY HOUSE 104 LAMPLIGHTER CT AZLE Phone (817) 237-0385 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: TRAINING RESIDENCE 6 1619 PIPELINE ROAD BEDFORD Phone (817) 354-8340 TOTAL Lic Capacity: 0	HOME TX Facility ID:	76020 Fax TITLE 18: TITLE 18/19: 007395 76022 Fax TITLE 18:	0 0 0 Reg Svcs:	ICF/IID: 6	EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76113 FAX:
Facility Information: LAMPLIGHTER COMMUNITY HOUSE TO THE PRIVATE BEDS: TOTAL Lic Capacity: 0 PRIVATE BEDS: 0 County TARRANT Facility Information: TRAINING RESIDENCE 6 1619 PIPELINE ROAD BEDFORD Phone (817) 354-8340 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	HOME TX Facility ID:	76020 Fax TITLE 18: TITLE 19: 007395 76022 Fax TITLE 18: TITLE 18: TITLE 19:	0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM	EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634 PROGRAM TYPE: ICF/IID	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76113
Facility Information: LAMPLIGHTER COMMUNITY HOUSE 104 LAMPLIGHTER CT AZLE Phone (817) 237-0385 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: TRAINING RESIDENCE 6 1619 PIPELINE ROAD BEDFORD Phone (817) 354-8340 TOTAL Lic Capacity: 0	HOME TX Facility ID:	76020 Fax TITLE 18: TITLE 18/19: 007395 76022 Fax TITLE 18:	0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM	EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76113 FAX:
Facility Information: LAMPLIGHTER COMMUNITY HOUSE TO A LAMPLIGHTER CT AZLE Phone (817) 237-0385 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: TRAINING RESIDENCE 6 1619 PIPELINE ROAD BEDFORD Phone (817) 354-8340 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT	TX Facility ID:	76020 Fax TITLE 18: TITLE19: TITLE 18/19: 007395 76022 Fax TITLE 18: TITLE 18: TITLE 19:	0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM	EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634 PROGRAM TYPE: ICF/IID License Exp Dt:	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76113 FAX:
Facility Information: LAMPLIGHTER COMMUNITY HOUSE 104 LAMPLIGHTER CT AZLE Phone (817) 237-0385 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: TRAINING RESIDENCE 6 1619 PIPELINE ROAD BEDFORD Phone (817) 354-8340 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information:	Facility ID:	76020 Fax TITLE 18: TITLE 19: 007395 76022 Fax TITLE 18: TITLE 18: TITLE 19:	0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76113 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON
Facility Information: LAMPLIGHTER COMMUNITY HOUSE TO A LAMPLIGHTER CT AZLE Phone (817) 237-0385 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: TRAINING RESIDENCE 6 1619 PIPELINE ROAD BEDFORD Phone (817) 354-8340 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT	Facility ID:	76020 Fax TITLE 18: TITLE19: TITLE 18/19: 007395 76022 Fax TITLE 18: TITLE 18: TITLE 19:	0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING LIMITED	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76113 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON
Facility Information: LAMPLIGHTER COMMUNITY HOME 104 LAMPLIGHTER CT AZLE Phone (817) 237-0385 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: TRAINING RESIDENCE 6 1619 PIPELINE ROAD BEDFORD Phone (817) 354-8340 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: WALNUT COMMUNITY HOME	Facility ID:	76020 Fax TITLE 18: TITLE19: TITLE 18/19: 007395 76022 Fax TITLE 18: TITLE 18: TITLE 19:	0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76113 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON D PARTNERSHIP
Facility Information: LAMPLIGHTER COMMUNITY HOME 104 LAMPLIGHTER CT AZLE Phone (817) 237-0385 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: TRAINING RESIDENCE 6 1619 PIPELINE ROAD BEDFORD Phone (817) 354-8340 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: WALNUT COMMUNITY HOME 3824 WALNUT DR	Facility ID:	76020 Fax TITLE 18: TITLE19: TITLE 18/19: 007395 76022 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76113 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON D PARTNERSHIP 40223-3808
Facility Information: LAMPLIGHTER COMMUNITY HOME 104 LAMPLIGHTER CT AZLE Phone (817) 237-0385 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: TRAINING RESIDENCE 6 1619 PIPELINE ROAD BEDFORD Phone (817) 354-8340 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: WALNUT COMMUNITY HOME 3824 WALNUT DR BEDFORD	Facility ID:	76020 Fax TITLE 18: TITLE 19: TITLE 18/19: 007395 76022 Fax TITLE 18: TITLE 19: TITLE 18/19: 007809	0 0 0 0 Reg Svcs: 0 0 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76113 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON D PARTNERSHIP 40223-3808 FAX: (502) 394-2285
Facility Information: LAMPLIGHTER COMMUNITY HOME 104 LAMPLIGHTER CT AZLE Phone (817) 237-0385 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: TRAINING RESIDENCE 6 1619 PIPELINE ROAD BEDFORD Phone (817) 354-8340 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: WALNUT COMMUNITY HOME 3824 WALNUT DR BEDFORD Phone (972) 929-1145	Facility ID:	76020 Fax TITLE 18: TITLE 19: TITLE 18/19: 007395 76022 Fax TITLE 18: TITLE 18: TITLE 19: 007809 76021 Fax	0 0 0 Reg Svcs: 0 0 0 Reg Svcs: (214) 251-1465	ICF/IID: 6 IID TEAM ICF/IID: 6	EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76113 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON D PARTNERSHIP 40223-3808

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County TARRANT			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	003953	Ü		Owner Information	
COZBY COMMUNITY HOME					EDUCARE COMMUNITY LIVING LIMITED	PARTNERSHIP
106 COZBY ST S BENBROOK	TX	76126			9901 LINN STATION ROAD	
Phone (817) 249-6269	IX	Fax			LOUISVILLE KY	40223-3808
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (502) 394-2100	FAX : (502) 394-2285
Cert Alzh Capacity: 0		TITLE 10:		ICI/IID. 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 01/01/2019	
			-			
County TARRANT	Facility ID:	002625	Reg Svcs:	IID TEAM	Owner Information	Region 03 - ARLINGTON
Facility Information: STELLA MAE	racility ID.	003635			EDUCARE COMMUNITY LIVING CORPOR	PATION - TEYAS
716 STELLA MAE					9901 LINN STATION RD	VATION - TEXAS
BURLESON	TX	76028			LOUISVILLE KY	40223
Phone (817) 293-4732		Fax			PHONE : (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	,	, ,
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 06/20/2017	
County TARRANT			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	007397			Owner Information	
BUILDER ROAD					TARRANT COUNTY MHMR SERVICES	
2200 BUILDER ROAD CROWLEY	TX	76036-4615			PO BOX 2603	
Phone (817) 332-4778	IX.	Fax			FORT WORTH TX	76113
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (817) 569-5634	FAX:
Cert Alzh Capacity: 0		TITLE 19:		IOI/IID.	PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt:	
-					<u>'</u>	
			5 0	UD TEAM		B : 00 ABUNGTON
County TARRANT	Eggility ID:	003945	Reg Svcs:	IID TEAM	Owner Information	Region 03 - ARLINGTON
Facility Information:	Facility ID:	003845	Reg Svcs:	IID TEAM	Owner Information NEWSTART INC	Region 03 - ARLINGTON
•	•	003845	Reg Svcs:	IID TEAM	NEWSTART INC	Region 03 - ARLINGTON
Facility Information: NEWSTART LIVING CENTER	•	76036	Reg Svcs:	IID TEAM	NEWSTART INC PO BOX 331629	Ü
Facility Information: NEWSTART LIVING CENTER 305 N BEVERLY ST	I		Reg Svcs: (817) 294-9907	IID TEAM	NEWSTART INC PO BOX 331629 FORT WORTH TX	76163
Facility Information: NEWSTART LIVING CENTER 305 N BEVERLY ST CROWLEY	I	76036	(817) 294-9907	IID TEAM ICF/IID: 6	NEWSTART INC PO BOX 331629 FORT WORTH TX PHONE: (817) 294-9675	76163 FAX: (817) 294-9907
Facility Information: NEWSTART LIVING CENTER 305 N BEVERLY ST CROWLEY Phone (817) 297-1325	I	76036 Fax	(817) 294-9907 0		NEWSTART INC PO BOX 331629 FORT WORTH TX	76163
Facility Information: NEWSTART LIVING CENTER 305 N BEVERLY ST CROWLEY Phone (817) 297-1325 TOTAL Lic Capacity: 0	I	76036 Fax TITLE 18:	(817) 294-9907 0		NEWSTART INC PO BOX 331629 FORT WORTH TX PHONE: (817) 294-9675	76163 FAX: (817) 294-9907
Facility Information: NEWSTART LIVING CENTER 305 N BEVERLY ST CROWLEY Phone (817) 297-1325 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	I	76036 Fax TITLE 18: TITLE19:	(817) 294-9907 0		NEWSTART INC PO BOX 331629 FORT WORTH TX PHONE: (817) 294-9675 PROGRAM TYPE: ICF/IID	76163 FAX: (817) 294-9907
Facility Information: NEWSTART LIVING CENTER 305 N BEVERLY ST CROWLEY Phone (817) 297-1325 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	I	76036 Fax TITLE 18: TITLE19:	(817) 294-9907 0 0	ICF/IID: 6	NEWSTART INC PO BOX 331629 FORT WORTH TX PHONE: (817) 294-9675 PROGRAM TYPE: ICF/IID	76163 FAX: (817) 294-9907 SERVICE TYPE PRIVATELY OWNED
Facility Information: NEWSTART LIVING CENTER 305 N BEVERLY ST CROWLEY Phone (817) 297-1325 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: SUMMER HOUSE	TX	76036 Fax TITLE 18: TITLE19: TITLE 18/19:	(817) 294-9907 0 0	ICF/IID: 6	NEWSTART INC PO BOX 331629 FORT WORTH TX PHONE: (817) 294-9675 PROGRAM TYPE: ICF/IID License Exp Dt: 06/01/2018	76163 FAX: (817) 294-9907 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: NEWSTART LIVING CENTER 305 N BEVERLY ST CROWLEY Phone (817) 297-1325 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information:	TX	76036 Fax TITLE 18: TITLE19: TITLE 18/19:	(817) 294-9907 0 0	ICF/IID: 6	NEWSTART INC PO BOX 331629 FORT WORTH TX PHONE: (817) 294-9675 PROGRAM TYPE: ICF/IID License Exp Dt: 06/01/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8	76163 FAX: (817) 294-9907 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: NEWSTART LIVING CENTER 305 N BEVERLY ST CROWLEY Phone (817) 297-1325 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: SUMMER HOUSE 1925 CATTLE DRIVE CT	TX Facility ID:	76036 Fax TITLE 18: TITLE 19: TITLE 18/19:	(817) 294-9907 0 0	ICF/IID: 6	NEWSTART INC PO BOX 331629 FORT WORTH TX PHONE: (817) 294-9675 PROGRAM TYPE: ICF/IID License Exp Dt: 06/01/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INC	76163 FAX: (817) 294-9907 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: NEWSTART LIVING CENTER 305 N BEVERLY ST CROWLEY Phone (817) 297-1325 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: SUMMER HOUSE 1925 CATTLE DRIVE CT CROWLEY Phone (512) 863-5095	TX Facility ID:	76036	(817) 294-9907 0 0 0 Reg Svcs:	ICF/IID: 6	NEWSTART INC PO BOX 331629 FORT WORTH TX PHONE: (817) 294-9675 PROGRAM TYPE: ICF/IID License Exp Dt: 06/01/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8	76163 FAX: (817) 294-9907 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: NEWSTART LIVING CENTER 305 N BEVERLY ST CROWLEY Phone (817) 297-1325 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: SUMMER HOUSE 1925 CATTLE DRIVE CT CROWLEY	TX Facility ID:	76036 Fax TITLE 18: TITLE19: TITLE 18/19: 003670 76036	(817) 294-9907 0 0 0 Reg Svcs: (512) 869-2176	ICF/IID: 6	NEWSTART INC PO BOX 331629 FORT WORTH TX PHONE: (817) 294-9675 PROGRAM TYPE: ICF/IID License Exp Dt: 06/01/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX	76163 FAX: (817) 294-9907 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76401
Facility Information: NEWSTART LIVING CENTER 305 N BEVERLY ST CROWLEY Phone (817) 297-1325 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: SUMMER HOUSE 1925 CATTLE DRIVE CT CROWLEY Phone (512) 863-5095 TOTAL Lic Capacity: 0	TX Facility ID:	76036	(817) 294-9907 0 0 0 Reg Svcs: (512) 869-2176 0	ICF/IID: 6	NEWSTART INC PO BOX 331629 FORT WORTH TX PHONE: (817) 294-9675 PROGRAM TYPE: ICF/IID License Exp Dt: 06/01/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004	76163 FAX: (817) 294-9907 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76401 FAX: (254) 965-8653
Facility Information: NEWSTART LIVING CENTER 305 N BEVERLY ST CROWLEY Phone (817) 297-1325 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: SUMMER HOUSE 1925 CATTLE DRIVE CT CROWLEY Phone (512) 863-5095 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	76036	(817) 294-9907 0 0 0 Reg Svcs: (512) 869-2176 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	NEWSTART INC PO BOX 331629 FORT WORTH TX PHONE: (817) 294-9675 PROGRAM TYPE: ICF/IID License Exp Dt: 06/01/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID	76163 FAX: (817) 294-9907 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED
Facility Information: NEWSTART LIVING CENTER 305 N BEVERLY ST CROWLEY Phone (817) 297-1325 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: SUMMER HOUSE 1925 CATTLE DRIVE CT CROWLEY Phone (512) 863-5095 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT	TX Facility ID:	76036	(817) 294-9907 0 0 0 Reg Svcs: (512) 869-2176 0	ICF/IID: 6	NEWSTART INC PO BOX 331629 FORT WORTH TX PHONE: (817) 294-9675 PROGRAM TYPE: ICF/IID License Exp Dt: 06/01/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/05/2017	76163 FAX: (817) 294-9907 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76401 FAX: (254) 965-8653
Facility Information: NEWSTART LIVING CENTER 305 N BEVERLY ST CROWLEY Phone (817) 297-1325 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: SUMMER HOUSE 1925 CATTLE DRIVE CT CROWLEY Phone (512) 863-5095 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information:	TX Facility ID:	76036	(817) 294-9907 0 0 0 Reg Svcs: (512) 869-2176 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	NEWSTART INC PO BOX 331629 FORT WORTH TX PHONE: (817) 294-9675 PROGRAM TYPE: ICF/IID License Exp Dt: 06/01/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/05/2017	76163 FAX: (817) 294-9907 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED
Facility Information: NEWSTART LIVING CENTER 305 N BEVERLY ST CROWLEY Phone (817) 297-1325 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: SUMMER HOUSE 1925 CATTLE DRIVE CT CROWLEY Phone (512) 863-5095 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT	TX Facility ID: TX Facility ID:	76036	(817) 294-9907 0 0 0 Reg Svcs: (512) 869-2176 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	NEWSTART INC PO BOX 331629 FORT WORTH TX PHONE: (817) 294-9675 PROGRAM TYPE: ICF/IID License Exp Dt: 06/01/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/05/2017 Owner Information AMICUS, INC	76163 FAX: (817) 294-9907 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED
Facility Information: NEWSTART LIVING CENTER 305 N BEVERLY ST CROWLEY Phone (817) 297-1325 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: SUMMER HOUSE 1925 CATTLE DRIVE CT CROWLEY Phone (512) 863-5095 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: COUNTY CROWLEY COUNTY	TX Facility ID:	76036	(817) 294-9907 0 0 0 Reg Svcs: (512) 869-2176 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	NEWSTART INC PO BOX 331629 FORT WORTH TX PHONE: (817) 294-9675 PROGRAM TYPE: ICF/IID License Exp Dt: 06/01/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/05/2017	76163 FAX: (817) 294-9907 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED
Facility Information: NEWSTART LIVING CENTER 305 N BEVERLY ST CROWLEY Phone (817) 297-1325 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: SUMMER HOUSE 1925 CATTLE DRIVE CT CROWLEY Phone (512) 863-5095 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: ALIC CAPACITY: 0 COUNTY TARRANT Facility Information: AMICUS AT MILLS 512 S MILLS DR	TX Facility ID: TX Facility ID:	76036	(817) 294-9907 0 0 0 Reg Svcs: (512) 869-2176 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	NEWSTART INC PO BOX 331629 FORT WORTH TX PHONE: (817) 294-9675 PROGRAM TYPE: ICF/IID License Exp Dt: 06/01/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/05/2017 Owner Information AMICUS, INC 1129 N LITTLE SCHOOL RD ARLINGTON TX	76163 FAX: (817) 294-9907 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: NEWSTART LIVING CENTER 305 N BEVERLY ST CROWLEY Phone (817) 297-1325 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: SUMMER HOUSE 1925 CATTLE DRIVE CT CROWLEY Phone (512) 863-5095 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: SUMMER HOUSE 1925 CATTLE DRIVE CT CROWLEY Phone (512) 863-5095 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: AMICUS AT MILLS 512 S MILLS DR EULESS Phone (817) 355-9661 TOTAL Lic Capacity: 0	TX Facility ID: TX Facility ID:	76036	(817) 294-9907 0 0 0 Reg Svcs: (512) 869-2176 0 0 0 Reg Svcs: (817) 563-7906 0	ICF/IID: 6 IID TEAM ICF/IID: 6	NEWSTART INC PO BOX 331629 FORT WORTH TX PHONE: (817) 294-9675 PROGRAM TYPE: ICF/IID License Exp Dt: 06/01/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/05/2017 Owner Information AMICUS, INC 1129 N LITTLE SCHOOL RD ARLINGTON TX PHONE: (817) 563-7900	76163 FAX: (817) 294-9907 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76017-1900 FAX: (817) 563-7906
Facility Information: NEWSTART LIVING CENTER 305 N BEVERLY ST CROWLEY Phone (817) 297-1325 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: SUMMER HOUSE 1925 CATTLE DRIVE CT CROWLEY Phone (512) 863-5095 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: AMICUS AT MILLS 512 S MILLS DR EULESS Phone (817) 355-9661	TX Facility ID: TX Facility ID:	76036	(817) 294-9907 0 0 0 Reg Svcs: (512) 869-2176 0 0 0 Reg Svcs: (817) 563-7906 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	NEWSTART INC PO BOX 331629 FORT WORTH TX PHONE: (817) 294-9675 PROGRAM TYPE: ICF/IID License Exp Dt: 06/01/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/05/2017 Owner Information AMICUS, INC 1129 N LITTLE SCHOOL RD ARLINGTON TX	76163 FAX: (817) 294-9907 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON

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County TARRANT			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	007262	3		Owner Information	
CHAMBERS CREEK COMMU	NITY HOME				EDUCARE COMMUNITY LIVING LIMITED) PARTNERSHIP
613 CHAMBERS CRK					9901 LINN STATION ROAD	
EVERMAN (047) FF4 7702	TX	76140			LOUISVILLE KY	40223-3808
Phone (817) 551-7783		Fax			PHONE : (502) 394-2100	FAX : (502) 394-2285
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:				CENTICE THE THINATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2019	
County TARRANT			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	003870			Owner Information	
NEWSTART LIVING CENTER 1000 COURY RD EVERMAN	" TX	76140			NEWSTART INC PO BOX 331629	
Phone (817) 294-9675	1.4	76140 Fax	(817) 294-9907		FORT WORTH TX	76163
			,		PHONE : (817) 294-9675	FAX : (817) 294-9907
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE 19:				
PRIVATE Beds: 0		TITLE 18/19:	U		License Exp Dt: 11/02/2017	
County TARRANT			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	003931			Owner Information	
NEWSTART LIVING CENTER 5124 QUEEN ANNE DR	111				NEWSTART INC	
FOREST HILL	TX	76119			PO BOX 331629	
Phone (817) 294-9675		Fax	(817) 294-9907		FORT WORTH TX	76163
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (817) 294-9675	FAX : (817) 294-9907
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 05/01/2017	
County TARRANT			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	105597			Owner Information	
2YORK					ROCK HOUSE SUPPORT SERVICES INC	
2 YORK DRIVE FORT WORTH	TX	76134			2252 LINGLEVILLE ROAD HWY 8	
Phone (817) 615-8848	17	Fax	(817) 294-4516		STEPHENVILLE TX	76401
` '		TITLE 18:	,	ICF/IID: 6	PHONE : (254) 968-4004	FAX: (254) 965-8653
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0		TITLE 10.		ICF/IID. 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 07/19/2017	
-		### 10/13.			2.001100 Exp Dt. 01/10/2017	
County TARRANT	p	0000-	Reg Svcs:	IID TEAM	• 17 "	Region 03 - ARLINGTON
Facility Information:	Facility ID:	003855			Owner Information	A DADTNEDCUID
BARCELONA 4308 BARCELONA					EDUCARE COMMUNITY LIVING LIMITED) PAR INEKOMIP
FORT WORTH	TX	76133-5410			9901 LINN STATION ROAD LOUISVILLE KY	40223-3808
Phone (817) 292-0766		Fax				
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (502) 394-2100	FAX : (502) 394-2285
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 08/12/2017	
County TARRANT			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	007802	•		Owner Information	
CIBOLO HOUSE					TARRANT COUNTY MHMR SERVICES	
					PO BOX 2603	
3704 CIBOLO	TV	76133				
FORT WORTH	TX	76133 Fax			FORT WORTH TX	76113
FORT WORTH Phone (817) 292-8505	TX	Fax	0	ICE/IID. 6	FORT WORTH TX PHONE: (817) 569-5634	76113 FAX :
FORT WORTH Phone (817) 292-8505 TOTAL Lic Capacity: 0	тх	Fax TITLE 18:		ICF/IID: 6		
FORT WORTH Phone (817) 292-8505	тх	Fax	0	ICF/IID: 6	PHONE : (817) 569-5634	FAX:

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			E	Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
County TARRANT Facility Information:	Facility ID:	007544	,	teg oves.	IID ILAW	Owner Information	rtegion 00 - Artaino ron
COUNTRY MANOR COMMUN	-					EDUCARE COMMUNITY LIVING LIMITE	D PARTNERSHIP
1812 COUNTRY MANOR RD						9901 LINN STATION ROAD	
FORT WORTH	TX	76133-3500				LOUISVILLE KY	40223-3808
Phone (817) 293-7046		Fax				PHONE : (502) 394-2100	FAX : (502) 394-2285
TOTAL Lic Capacity: 0		TITLE 18:			ICF/IID: 6	PROGRAM TYPE: CF/ ID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:					SERVICE THE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0			License Exp Dt: 01/01/2017	
County TARRANT			F	Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	003683				Owner Information	
CRAIG STREET 7504 CRAIG ST						EDUCARE COMMUNITY LIVING CORP	ORATION - TEXAS
FORT WORTH	TX	76112				9901 LINN STATION RD	40000
Phone (817) 451-2228		Fax				LOUISVILLE KY	40223
TOTAL Lic Capacity: 0		TITLE 18:	0		ICF/IID: 6	PHONE : (502) 394-2100	FAX : (502) 394-2285
Cert Alzh Capacity: 0		TITLE19:	0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0			License Exp Dt: 07/16/2018	
County TARRANT			F	Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	007226				Owner Information	
EDUCARE COMMUNITY LIVIN	IG CORPORA	TION - TEXAS				EDUCARE COMMUNITY LIVING CORP	ORATION - TEXAS
1433 BARRON LN FORT WORTH	TX	76112				9901 LINN STATION RD	
Phone (817) 654-1052	14	Fax				LOUISVILLE KY	40223
TOTAL Lic Capacity: 0		TITLE 18:	0		ICF/IID: 6	PHONE : (502) 394-2100	FAX: (502) 394-2285
Cert Alzh Capacity: 0		TITLE 10.			.51,1151 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:				License Exp Dt: 01/01/2018	
County TARRANT				Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	007240	r	.59 5465.	I L/ WI	Owner Information	ragion oo maanto i Oit
EDUCARE COMMUNITY LIVIN	-					EDUCARE COMMUNITY LIVING CORP	ORATION - TEXAS
5009 MARBLE FALLS		70400				9901 LINN STATION RD	
FORT WORTH	TX	76103					
Dhono (017) (100 0407	•••					LOUISVILLE KY	40223
Phone (817) 429-0137		Fax	•			LOUISVILLE KY PHONE: (502) 394-2100	40223 FAX: (502) 394-2285
TOTAL Lic Capacity: 0		Fax TITLE 18:			ICF/IID: 6	PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0		Fax TITLE 18: TITLE19:	0		ICF/IID: 6	PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	
TOTAL Lic Capacity: 0		Fax TITLE 18:	0			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT		Fax TITLE 18: TITLE19: TITLE 18/19:	0	Reg Svcs:	ICF/IID: 6	PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018	FAX: (502) 394-2285
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information:	Facility ID:	Fax TITLE 18: TITLE19:	0			PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information	FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: FAIRMEADOWS		Fax TITLE 18: TITLE19: TITLE 18/19:	0			PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO	FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information:		Fax TITLE 18: TITLE19: TITLE 18/19:	0			PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO	FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON DRATION - TEXAS
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: FAIRMEADOWS 3309 FAIRMEADOWS	Facility ID:	Fax TITLE 18: TITLE19: TITLE 18/19: 007388	0			PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY	FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON DRATION - TEXAS 40223
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: FAIRMEADOWS 3309 FAIRMEADOWS FORT WORTH	Facility ID:	Fax TITLE 18: TITLE19: TITLE 18/19: 007388 76123	0 0	Reg Svcs:		PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPOSITION RD LOUISVILLE KY PHONE: (502) 394-2100	FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON DRATION - TEXAS 40223 FAX: (502) 394-2285
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: FAIRMEADOWS 3309 FAIRMEADOWS FORT WORTH Phone (817) 292-7328	Facility ID:	Fax TITLE 18: TITLE19: TITLE 18/19: 007388 76123 Fax	0 0 F	Reg Svcs:	IID TEAM	PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY	FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON DRATION - TEXAS 40223
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: FAIRMEADOWS 3309 FAIRMEADOWS FORT WORTH Phone (817) 292-7328 TOTAL Lic Capacity: 0	Facility ID:	Fax TITLE 18: TITLE19: TITLE 18/19: 007388 76123 Fax TITLE 18:	0 0 F	Reg Svcs:	IID TEAM	PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPOSITION RD LOUISVILLE KY PHONE: (502) 394-2100	FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON DRATION - TEXAS 40223 FAX: (502) 394-2285
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: FAIRMEADOWS 3309 FAIRMEADOWS FORT WORTH Phone (817) 292-7328 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	Facility ID:	Fax TITLE 18: TITLE19: TITLE 18/19: 007388 76123 Fax TITLE 18: TITLE 19:	0 0 F	Reg Svcs:	IID TEAM	PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPOSITION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON DRATION - TEXAS 40223 FAX: (502) 394-2285
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: FAIRMEADOWS 3309 FAIRMEADOWS FORT WORTH Phone (817) 292-7328 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	Facility ID:	Fax TITLE 18: TITLE19: TITLE 18/19: 007388 76123 Fax TITLE 18: TITLE 19:	0 0 F		IID TEAM ICF/IID: 6	PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPOSITION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: FAIRMEADOWS 3309 FAIRMEADOWS FORT WORTH Phone (817) 292-7328 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: FOREST CREEK	Facility ID:	Fax TITLE 18: TITLE 19: TITLE 18/19: 007388 76123 Fax TITLE 18: TITLE 19: TITLE 18/19:	0 0 F		IID TEAM ICF/IID: 6	PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPORT OF COMMUNITY LIVING COMMUNITY LIVING CORPORT OF COMMUNITY LIVING COMMUNITY LIVING COMMUNITY LIVING COMMUNITY LIVING COMUNITY LIVING COMMUNITY LIVING COMMUNITY LIVING COMMUNITY LIVING C	FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
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TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: FAIRMEADOWS 3309 FAIRMEADOWS FORT WORTH Phone (817) 292-7328 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: FOREST CREEK 2520 FOREST CREEK DR	Facility ID:	Fax TITLE 18: TITLE 19: TITLE 18/19: 007388 76123 Fax TITLE 18: TITLE 19: TITLE 18/19:	0 0 F		IID TEAM ICF/IID: 6	PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPOSITION STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 06/20/2017 Owner Information EDUCARE COMMUNITY LIVING CORPOSITION	FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: FAIRMEADOWS 3309 FAIRMEADOWS FORT WORTH Phone (817) 292-7328 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: FOREST CREEK 2520 FOREST CREEK DR FORT WORTH Phone (817) 294-4015	Facility ID:	Fax TITLE 18: TITLE 19: TITLE 18/19: 007388 76123 Fax TITLE 18: TITLE 19: TITLE 18/19: 007529 76123 Fax	0 0 0 0 0 0		IID TEAM ICF/IID: 6 IID TEAM	PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPOSITION STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 06/20/2017 Owner Information EDUCARE COMMUNITY LIVING CORPOSITION RD 9901 LINN STATION RD	FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON DRATION - TEXAS
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: FAIRMEADOWS 3309 FAIRMEADOWS FORT WORTH Phone (817) 292-7328 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: FOREST CREEK 2520 FOREST CREEK DR FORT WORTH	Facility ID:	Fax TITLE 18: TITLE19: TITLE 18/19: 007388 76123 Fax TITLE 18: TITLE19: TITLE 18/19: 007529	0 0 0 0 0 0		IID TEAM ICF/IID: 6	PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPORT OF COMMUNITY LIVING COMMUNITY LIVING CORPORT	FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON DRATION - TEXAS 40223

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County TARRANT			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	003636	·		Owner Information	v
HASTINGS					EDUCARE COMMUNITY LIVING CORPO	DRATION - TEXAS
5320 HASTINGS FORT WORTH	TX	76133			9901 LINN STATION RD	
Phone (817) 370-1254	17	Fax			LOUISVILLE KY	40223
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (502) 394-2100	FAX: (502) 394-2285
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 06/20/2017	
County TARRANT			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	007303	rtog evec.	IID TEAW	Owner Information	rogion of Attentoron
HUNTWICK					EDUCARE COMMUNITY LIVING CORPO	DRATION - TEXAS
3744 HUNTWICK DR	TV	70400			9901 LINN STATION RD	
FORT WORTH Phone (817) 370-2956	TX	76123 Fax			LOUISVILLE KY	40223
TOTAL Lic Capacity: 0			0	ICF/IID: 6	PHONE : (502) 394-2100	FAX : (502) 394-2285
Cert Alzh Capacity: 0		TITLE 18: TITLE19:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 08/19/2018	
		10/10/		UD TEAM		D : 00 ABUNDES:
County TARRANT	Encility ID:	003040	Reg Svcs:	IID TEAM	Owner Information	Region 03 - ARLINGTON
Facility Information: KINGSWOOD COMMUNITY F	Facility ID:	003849			Owner Information EDUCARE COMMUNITY LIVING LIMITE	D PARTNERSHIP
6717 KINGSWOOD DR	IOINE				9901 LINN STATION ROAD	
FORT WORTH	TX	76133-5317			LOUISVILLE KY	40223-3808
Phone (817) 294-9425		Fax			PHONE : (502) 394-2100	FAX : (502) 394-2285
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:				SERVICE THE THANKE OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 08/20/2017	
-					2.00.100 2AP 24. 03/23/2011	
County TARRANT			Reg Svcs:	IID TEAM	·	Region 03 - ARLINGTON
Facility Information:	Facility ID:	007551		IID TEAM	Owner Information	· ·
Facility Information: LONGMEADOW COMMUNITY	-			IID TEAM	Owner Information EDUCARE COMMUNITY LIVING LIMITE	· ·
Facility Information:	-			IID TEAM	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD	D PARTNERSHIP
Facility Information: LONGMEADOW COMMUNITY 4120 LONGMEADOW WAY	/ HOME	007551		IID TEAM	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY	D PARTNERSHIP 40223-3808
Facility Information: LONGMEADOW COMMUNITY 4120 LONGMEADOW WAY FORT WORTH	/ HOME	007551 76134	Reg Svcs:	IID TEAM ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285
Facility Information: LONGMEADOW COMMUNITY 4120 LONGMEADOW WAY FORT WORTH Phone (817) 292-0533	/ HOME	007551 76134 Fax	Reg Svcs:		Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY	D PARTNERSHIP 40223-3808
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Facility Information: LONGMEADOW COMMUNITY 4120 LONGMEADOW WAY FORT WORTH Phone (817) 292-0533 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: MOUNTAIN RIDGE	TX Facility ID:	007551 76134 Fax TITLE 18: TITLE19: TITLE 18/19:	Reg Svcs: 0 0 0	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information MAINSTREAM HABILITATION SERVICE	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
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Facility Information: LONGMEADOW COMMUNITY 4120 LONGMEADOW WAY FORT WORTH Phone (817) 292-0533 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: MOUNTAIN RIDGE 717 MOUNTAIN RIDGE COUF	TX Facility ID:	007551 76134 Fax TITLE 18: TITLE19: TITLE 18/19:	Reg Svcs: 0 0 0	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information MAINSTREAM HABILITATION SERVICE 301 COMMERCE AZLE TX	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON S OF TEXAS INC 76020
Facility Information: LONGMEADOW COMMUNITY 4120 LONGMEADOW WAY FORT WORTH Phone (817) 292-0533 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: MOUNTAIN RIDGE 717 MOUNTAIN RIDGE COUR FORT WORTH	TX Facility ID:	007551 76134 Fax TITLE 18: TITLE19: TITLE 18/19: 007329 76135	Reg Svcs: 0 0 0 Reg Svcs:	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information MAINSTREAM HABILITATION SERVICE 301 COMMERCE AZLE TX PHONE: (817) 270-2747	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON S OF TEXAS INC 76020 FAX: (817) 270-1477
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Facility Information: LONGMEADOW COMMUNITY 4120 LONGMEADOW WAY FORT WORTH Phone (817) 292-0533 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: MOUNTAIN RIDGE 717 MOUNTAIN RIDGE COUFFORT WORTH Phone (817) 270-2747 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	007551 76134 Fax TITLE 18: TITLE 19: TITLE 18/19: 007329 76135 Fax TITLE 18: TITLE 18: TITLE 19:	Reg Svcs: 0 0 0 Reg Svcs: (817) 270-1477 0 0	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information MAINSTREAM HABILITATION SERVICE 301 COMMERCE AZLE TX PHONE: (817) 270-2747 PROGRAM TYPE: ICF/IID	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON S OF TEXAS INC 76020 FAX: (817) 270-1477
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Facility Information: LONGMEADOW COMMUNITY 4120 LONGMEADOW WAY FORT WORTH Phone (817) 292-0533 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: MOUNTAIN RIDGE 717 MOUNTAIN RIDGE COUFFORT WORTH Phone (817) 270-2747 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information:	Facility ID:	007551 76134 Fax TITLE 18: TITLE 19: TITLE 18/19: 007329 76135 Fax TITLE 18: TITLE 18: TITLE 18: TITLE 18:	Reg Svcs: 0 0 0 Reg Svcs: (817) 270-1477 0 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information MAINSTREAM HABILITATION SERVICE 301 COMMERCE AZLE TX PHONE: (817) 270-2747 PROGRAM TYPE: ICF/IID License Exp Dt: 07/11/2017 Owner Information SOUTHERN CONCEPTS INC PO BOX 758	A0223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON S OF TEXAS INC 76020 FAX: (817) 270-1477 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: LONGMEADOW COMMUNITY 4120 LONGMEADOW WAY FORT WORTH Phone (817) 292-0533 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: MOUNTAIN RIDGE 717 MOUNTAIN RIDGE COUFFORT WORTH Phone (817) 270-2747 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: OCUPATE BEDS: 0 COUNTY TARRANT Facility Information: OAKLAND PARK 4613/15 MENZER	Facility ID: TX Facility ID: TX	007551 76134 Fax TITLE 18: TITLE 19: TITLE 18/19: 007329 76135 Fax TITLE 18: TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	Reg Svcs: 0 0 0 Reg Svcs: (817) 270-1477 0 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information MAINSTREAM HABILITATION SERVICE 301 COMMERCE AZLE TX PHONE: (817) 270-2747 PROGRAM TYPE: ICF/IID License Exp Dt: 07/11/2017 Owner Information SOUTHERN CONCEPTS INC	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON S OF TEXAS INC 76020 FAX: (817) 270-1477 SERVICE TYPE PRIVATELY OWNED
Facility Information: LONGMEADOW COMMUNITY 4120 LONGMEADOW WAY FORT WORTH Phone (817) 292-0533 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: MOUNTAIN RIDGE 717 MOUNTAIN RIDGE COUFFORT WORTH Phone (817) 270-2747 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: OCUPATION OF TARRANT COUNTAIN RIDGE COUFFORT WORTH COUNTAIN CAPACITY COUN	Facility ID: TX Facility ID: TX	007551 76134 Fax TITLE 18: TITLE 19: TITLE 18/19: 007329 76135 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19: 003843	Reg Svcs: 0 0 0 Reg Svcs: (817) 270-1477 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information MAINSTREAM HABILITATION SERVICE 301 COMMERCE AZLE TX PHONE: (817) 270-2747 PROGRAM TYPE: ICF/IID License Exp Dt: 07/11/2017 Owner Information SOUTHERN CONCEPTS INC PO BOX 758	A0223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON S OF TEXAS INC 76020 FAX: (817) 270-1477 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: LONGMEADOW COMMUNITY 4120 LONGMEADOW WAY FORT WORTH Phone (817) 292-0533 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: MOUNTAIN RIDGE 717 MOUNTAIN RIDGE COUF FORT WORTH Phone (817) 270-2747 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: OAKLAND PARK 4613/15 MENZER FORT WORTH Phone (817) 496-0252	Facility ID: TX Facility ID: TX	007551 76134 Fax TITLE 18: TITLE19: TITLE 18/19: 007329 76135 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19: 003843 76103 Fax	Reg Svcs: 0 0 0 Reg Svcs: (817) 270-1477 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information MAINSTREAM HABILITATION SERVICE 301 COMMERCE AZLE TX PHONE: (817) 270-2747 PROGRAM TYPE: ICF/IID License Exp Dt: 07/11/2017 Owner Information SOUTHERN CONCEPTS INC PO BOX 758 GRANBURY TX	A0223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON S OF TEXAS INC 76020 FAX: (817) 270-1477 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON

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County TARRANT			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	007285			Owner Information	
OHARA	-				EDUCARE COMMUNITY LIVING CORPO	RATION - TEXAS
8321 OHARA	TV	70400			9901 LINN STATION RD	
FORT WORTH Phone (817) 294-4945	TX	76123 Fax	(817) 563-1575		LOUISVILLE KY	40223
TOTAL Lic Capacity: 0		TITLE 18:	` '	ICF/IID: 6	PHONE : (502) 394-2100	FAX: (502) 394-2285
Cert Alzh Capacity: 0		TITLE 10.		ICF/IID. 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 06/20/2017	
		,			21001100 EAP 211 00/20/2011	
County TARRANT	Facility ID:	007045	Reg Svcs:	IID TEAM	Ourney Information	Region 03 - ARLINGTON
Facility Information: POCO	Facility ID:	007815			Owner Information EDUCARE COMMUNITY LIVING LIMITED	DARTNERSHIP
6505 POCO COURT					9901 LINN STATION ROAD	TANNENOIII
FORT WORTH	TX	76133			LOUISVILLE KY	40223-3808
Phone (817) 294-9663		Fax	(817) 663-5090		PHONE : (502) 394-2100	FAX : (502) 394-2285
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	,
Cert Alzh Capacity: 0		TITLE19:				SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 09/13/2017	
County TARRANT			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	007476			Owner Information	
SAFE CARE III 4244 RIVER BIRCH					SCP ACQUISITION PARTNERS LTD	
FORT WORTH	TX	76137			4244 RIVER BIRCH RD	70407
Phone (817) 847-5741		Fax	(817) 847-5721		FORT WORTH TX	76137
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (817) 847-5741	FAX: (817) 847-5721
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 08/01/2018	
County TARRANT			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
County TARRANT Facility Information:	Facility ID:	007464	Reg Svcs:	IID TEAM	Owner Information	Region 03 - ARLINGTON
Facility Information: SAFE CARE IV	Facility ID:	007464	Reg Svcs:	IID TEAM	Owner Information SCP ACQUISITION PARTNERS LTD	Region 03 - ARLINGTON
Facility Information:	Facility ID:	007464 76137	Reg Svcs:	IID TEAM	SCP ACQUISITION PARTNERS LTD 4244 RIVER BIRCH RD	v
Facility Information: SAFE CARE IV 7105 BENTLEY	·		Reg Svcs:	IID TEAM	SCP ACQUISITION PARTNERS LTD 4244 RIVER BIRCH RD FORT WORTH TX	76137
Facility Information: SAFE CARE IV 7105 BENTLEY FORT WORTH	·	76137	(817) 847-5741	IID TEAM	SCP ACQUISITION PARTNERS LTD 4244 RIVER BIRCH RD	v
Facility Information: SAFE CARE IV 7105 BENTLEY FORT WORTH Phone (817) 577-2490	·	76137 Fax	(817) 847-5741 0		SCP ACQUISITION PARTNERS LTD 4244 RIVER BIRCH RD FORT WORTH TX	76137
Facility Information: SAFE CARE IV 7105 BENTLEY FORT WORTH Phone (817) 577-2490 TOTAL Lic Capacity: 0	·	76137 Fax TITLE 18:	(817) 847-5741 0		SCP ACQUISITION PARTNERS LTD 4244 RIVER BIRCH RD FORT WORTH TX PHONE: (817) 847-5741	76137 FAX: (817) 847-5721
Facility Information: SAFE CARE IV 7105 BENTLEY FORT WORTH Phone (817) 577-2490 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	76137 Fax TITLE 18: TITLE19:	(817) 847-5741 0 0		SCP ACQUISITION PARTNERS LTD 4244 RIVER BIRCH RD FORT WORTH TX PHONE: (817) 847-5741 PROGRAM TYPE: ICF/IID	76137 FAX: (817) 847-5721 SERVICE TYPE PRIVATELY OWNED
Facility Information: SAFE CARE IV 7105 BENTLEY FORT WORTH Phone (817) 577-2490 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	76137 Fax TITLE 18: TITLE19:	(817) 847-5741 0	ICF/IID: 6	SCP ACQUISITION PARTNERS LTD 4244 RIVER BIRCH RD FORT WORTH TX PHONE: (817) 847-5741 PROGRAM TYPE: ICF/IID	76137 FAX: (817) 847-5721
Facility Information: SAFE CARE IV 7105 BENTLEY FORT WORTH Phone (817) 577-2490 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: TARRANT COUNTY MHMR SE	TX Facility ID:	76137 Fax TITLE 18: TITLE19: TITLE 18/19:	(817) 847-5741 0 0 0 Reg Svcs:	ICF/IID: 6	SCP ACQUISITION PARTNERS LTD 4244 RIVER BIRCH RD FORT WORTH TX PHONE: (817) 847-5741 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018	76137 FAX: (817) 847-5721 SERVICE TYPE PRIVATELY OWNED
Facility Information: SAFE CARE IV 7105 BENTLEY FORT WORTH Phone (817) 577-2490 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: TARRANT COUNTY MHMR SE	TX Facility ID: ERVICES TRA	76137 Fax TITLE 18: TITLE19: TITLE 18/19: 003829 INING RESIDEN	(817) 847-5741 0 0 0 Reg Svcs:	ICF/IID: 6	SCP ACQUISITION PARTNERS LTD 4244 RIVER BIRCH RD FORT WORTH TX PHONE: (817) 847-5741 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018 Owner Information	76137 FAX: (817) 847-5721 SERVICE TYPE PRIVATELY OWNED
Facility Information: SAFE CARE IV 7105 BENTLEY FORT WORTH Phone (817) 577-2490 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: TARRANT COUNTY MHMR SE	TX Facility ID:	76137 Fax TITLE 18: TITLE19: TITLE 18/19:	(817) 847-5741 0 0 0 Reg Svcs:	ICF/IID: 6	SCP ACQUISITION PARTNERS LTD 4244 RIVER BIRCH RD FORT WORTH TX PHONE: (817) 847-5741 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018 Owner Information TARRANT COUNTY MHMR SERVICES	76137 FAX: (817) 847-5721 SERVICE TYPE PRIVATELY OWNED
Facility Information: SAFE CARE IV 7105 BENTLEY FORT WORTH Phone (817) 577-2490 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: TARRANT COUNTY MHMR SI 701 SANDY LN FORT WORTH Phone (817) 446-8324	TX Facility ID: ERVICES TRA	76137 Fax TITLE 18: TITLE 19: TITLE 18/19: 003829 INING RESIDEN 76120 Fax	(817) 847-5741 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM	SCP ACQUISITION PARTNERS LTD 4244 RIVER BIRCH RD FORT WORTH TX PHONE: (817) 847-5741 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018 Owner Information TARRANT COUNTY MHMR SERVICES PO BOX 2603	76137 FAX: (817) 847-5721 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: SAFE CARE IV 7105 BENTLEY FORT WORTH Phone (817) 577-2490 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: TARRANT COUNTY MHMR SE 701 SANDY LN FORT WORTH	TX Facility ID: ERVICES TRA	76137	(817) 847-5741 0 0 0 Reg Svcs:	ICF/IID: 6	SCP ACQUISITION PARTNERS LTD 4244 RIVER BIRCH RD FORT WORTH TX PHONE: (817) 847-5741 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018 Owner Information TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX	76137 FAX: (817) 847-5721 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: SAFE CARE IV 7105 BENTLEY FORT WORTH Phone (817) 577-2490 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: TARRANT COUNTY MHMR SI 701 SANDY LN FORT WORTH Phone (817) 446-8324 TOTAL Lic Capacity: 0	TX Facility ID: ERVICES TRA	76137 Fax TITLE 18: TITLE 18/19: 003829 INING RESIDEN 76120 Fax TITLE 18:	(817) 847-5741 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM	SCP ACQUISITION PARTNERS LTD 4244 RIVER BIRCH RD FORT WORTH TX PHONE: (817) 847-5741 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018 Owner Information TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634	76137 FAX: (817) 847-5721 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76113 FAX:
Facility Information: SAFE CARE IV 7105 BENTLEY FORT WORTH Phone (817) 577-2490 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: TARRANT COUNTY MHMR SI 701 SANDY LN FORT WORTH Phone (817) 446-8324 TOTAL Lic Capacity: 0 PRIVATE Beds: 0	TX Facility ID: ERVICES TRA	76137 Fax TITLE 18: TITLE 18/19: 003829 INING RESIDEN 76120 Fax TITLE 18: TITLE 18:	(817) 847-5741 0 0 0 Reg Svcs: CE 2	ICF/IID: 6 IID TEAM ICF/IID: 8	SCP ACQUISITION PARTNERS LTD 4244 RIVER BIRCH RD FORT WORTH TX PHONE: (817) 847-5741 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018 Owner Information TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634 PROGRAM TYPE: ICF/IID	76137 FAX: (817) 847-5721 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76113 FAX: SERVICE TYPE GOVERNMENT BASED
Facility Information: SAFE CARE IV 7105 BENTLEY FORT WORTH Phone (817) 577-2490 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: TARRANT COUNTY MHMR SE 701 SANDY LN FORT WORTH Phone (817) 446-8324 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID: ERVICES TRA	76137 Fax TITLE 18: TITLE 18/19: 003829 INING RESIDEN 76120 Fax TITLE 18: TITLE 18:	(817) 847-5741 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM	SCP ACQUISITION PARTNERS LTD 4244 RIVER BIRCH RD FORT WORTH TX PHONE: (817) 847-5741 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018 Owner Information TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634 PROGRAM TYPE: ICF/IID	76137 FAX: (817) 847-5721 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76113 FAX:
Facility Information: SAFE CARE IV 7105 BENTLEY FORT WORTH Phone (817) 577-2490 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: TARRANT COUNTY MHMR SE 701 SANDY LN FORT WORTH Phone (817) 446-8324 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT	Facility ID: TX TX TX Facility ID:	76137	(817) 847-5741 0 0 0 Reg Svcs: CE 2 0 0 0	ICF/IID: 6 IID TEAM ICF/IID: 8	SCP ACQUISITION PARTNERS LTD 4244 RIVER BIRCH RD FORT WORTH TX PHONE: (817) 847-5741 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018 Owner Information TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634 PROGRAM TYPE: ICF/IID License Exp Dt:	76137 FAX: (817) 847-5721 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76113 FAX: SERVICE TYPE GOVERNMENT BASED
Facility Information: SAFE CARE IV 7105 BENTLEY FORT WORTH Phone (817) 577-2490 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: TARRANT COUNTY MHMR SE 701 SANDY LN FORT WORTH Phone (817) 446-8324 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: TARRANT COUNTY MHMR SE 4833 DIAZ	Facility ID: TX Facility ID: ERVICES TRA	76137 Fax TITLE 18: TITLE 19: 003829 INING RESIDEN 76120 Fax TITLE 18: TITLE 19: TITLE 18/19:	(817) 847-5741 0 0 0 Reg Svcs: CE 2 0 0 0	ICF/IID: 6 IID TEAM ICF/IID: 8	SCP ACQUISITION PARTNERS LTD 4244 RIVER BIRCH RD FORT WORTH TX PHONE: (817) 847-5741 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018 Owner Information TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information	76137 FAX: (817) 847-5721 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76113 FAX: SERVICE TYPE GOVERNMENT BASED
Facility Information: SAFE CARE IV 7105 BENTLEY FORT WORTH Phone (817) 577-2490 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: TARRANT COUNTY MHMR SI 701 SANDY LN FORT WORTH Phone (817) 446-8324 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT County TARRANT Facility Information: TARRANT COUNTY MHMR SI 701 SANDY LN FORT WORTH Phone (817) 446-8324 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: TARRANT COUNTY MHMR SI 4833 DIAZ FORT WORTH	Facility ID: TX TX TX Facility ID:	76137	(817) 847-5741 0 0 0 Reg Svcs: CE 2 0 0 0	ICF/IID: 6 IID TEAM ICF/IID: 8	SCP ACQUISITION PARTNERS LTD 4244 RIVER BIRCH RD FORT WORTH TX PHONE: (817) 847-5741 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018 Owner Information TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information TARRANT COUNTY MHMR SERVICES	76137 FAX: (817) 847-5721 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76113 FAX: SERVICE TYPE GOVERNMENT BASED
Facility Information: SAFE CARE IV 7105 BENTLEY FORT WORTH Phone (817) 577-2490 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: TARRANT COUNTY MHMR St 701 SANDY LN FORT WORTH Phone (817) 446-8324 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: TARRANT COUNTY MHMR St 4833 DIAZ FORT WORTH Phone (817) 731-3522	Facility ID: TX Facility ID: ERVICES TRA	76137 Fax TITLE 18: TITLE 19: TITLE 18/19: 003829 INING RESIDEN 76120 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19: 003812 INING RESIDEN 76107 Fax	(817) 847-5741 0 0 Reg Svcs: CE 2 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 8	SCP ACQUISITION PARTNERS LTD 4244 RIVER BIRCH RD FORT WORTH TX PHONE: (817) 847-5741 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018 Owner Information TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information TARRANT COUNTY MHMR SERVICES PO BOX 2603	76137 FAX: (817) 847-5721 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76113 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON
Facility Information: SAFE CARE IV 7105 BENTLEY FORT WORTH Phone (817) 577-2490 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: TARRANT COUNTY MHMR SI 701 SANDY LN FORT WORTH Phone (817) 446-8324 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: TARRANT COUNTY MHMR SI 4833 DIAZ FORT WORTH Phone (817) 731-3522 TOTAL Lic Capacity: 0	Facility ID: TX Facility ID: ERVICES TRA	76137 Fax TITLE 18: TITLE 18/19: 003829 INING RESIDEN 76120 Fax TITLE 18: TITLE 18: TITLE 18: TITLE 18/19: 003812 INING RESIDEN 76107 Fax TITLE 18:	(817) 847-5741 0 0 Reg Svcs: CE 2 0 0 Reg Svcs: CE 5	ICF/IID: 6 IID TEAM ICF/IID: 8	SCP ACQUISITION PARTNERS LTD 4244 RIVER BIRCH RD FORT WORTH TX PHONE: (817) 847-5741 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018 Owner Information TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX	76137 FAX: (817) 847-5721 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76113 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON
Facility Information: SAFE CARE IV 7105 BENTLEY FORT WORTH Phone (817) 577-2490 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: TARRANT COUNTY MHMR St 701 SANDY LN FORT WORTH Phone (817) 446-8324 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: TARRANT COUNTY MHMR St 4833 DIAZ FORT WORTH Phone (817) 731-3522	Facility ID: TX Facility ID: ERVICES TRA	76137 Fax TITLE 18: TITLE 19: TITLE 18/19: 003829 INING RESIDEN 76120 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19: 003812 INING RESIDEN 76107 Fax	(817) 847-5741 0 0 0 Reg Svcs: CE 2 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 8	SCP ACQUISITION PARTNERS LTD 4244 RIVER BIRCH RD FORT WORTH TX PHONE: (817) 847-5741 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018 Owner Information TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634	76137 FAX: (817) 847-5721 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76113 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON 76113 FAX:

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Pacify Market Pacify December Pacify December Pacify December Decembe	County TARRANT			Reg Svcs	IID TEAM		Region 03 - ARLINGTON
Property Section Property Section Property Section Property Section S	Facility Information:	Facility ID:	007370			Owner Information	
FORT WORTH TX 7613						TARRANT COUNTY MHMR SERVICES	
Prome		TX	76133				
TOTAL Lic Caparable 0	Phone (817) 370-9465		Fax			FORT WORTH TX	
PRIVATE bases: 0	TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (817) 569-5634	FAX:
Coursy TARRANT Facility ID: 007351 Facility ID: 007351 TARRANT Facility ID: 007351 Facility ID: 007361 Facility ID: 007364 Facility ID: 00	Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
	PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt:	
TARRANT COUNTY MEMBERSONAL EXTRACT COUNTY MEMBERSONAL STATE SERVICE STORT WORTH	County TARRANT			Reg Svcs:	: IID TEAM		Region 03 - ARLINGTON
Poblic P	Facility Information:	Facility ID:	007351			Owner Information	
FORT WORTH		RRANT COUNT	TY MHMR			TARRANT COUNTY MHMR SERVICES	
Phone (817) 757-2919		TX	76116				
TOTAL Lic Capacity: 0	Phone (817) 737-2919		Fax				
PRIVATE Beds: 0	TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (817) 569-5634	FAX:
County TARRANT	Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
Facility Information	PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt:	
VNE_PROOR VNE_	County TARRANT			Reg Svcs	IID TEAM		Region 03 - ARLINGTON
	Facility Information:	Facility ID:	003648			Owner Information	
Profine Region						EDUCARE COMMUNITY LIVING CORPO	ORATION - TEXAS
Phone (8/17) 457-7095		TX	76112				
TOTAL Lic Capacity: 0	Phone (817) 457-7095		Fax			LOUISVILLE KY	
PRIVATE Beds: 0 TITLE 18/19: 0 Reg Svos: IID TEAM Region 03 - ARLINGTON	TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (502) 394-2100	FAX: (502) 394-2285
County TARRANT	Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Facility Int	PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 02/27/2018	
WHITMAN	O I TARRANT						
FORT WORTH	County TARRANT			Reg Svcs	IID TEAM		Region 03 - ARLINGTON
FORT WORTH	•	Facility ID:	003641	Reg Svcs	IID TEAM	Owner Information	Region 03 - ARLINGTON
Phone (817) 294-8229	Facility Information: WHITMAN	Facility ID:	003641	Reg Svcs	IID TEAM		· ·
TOTAL Lic Capacity: 0	Facility Information: WHITMAN 6524 WHITMAN	•		Reg Svcs	: IID TEAM	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD	DRATION - TEXAS
PRIVATE Beds: 0	Facility Information: WHITMAN 6524 WHITMAN FORT WORTH	•	76133	Reg Svcs:	: IID TEAM	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD	DRATION - TEXAS
County TARRANT Facility ID: 003739	Facility Information: WHITMAN 6524 WHITMAN FORT WORTH Phone (817) 294-8229	•	76133 Fax	·		EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY	ORATION - TEXAS 40223
Facility Information: Facility ID: 003739	Facility Information: WHITMAN 6524 WHITMAN FORT WORTH Phone (817) 294-8229 TOTAL Lic Capacity: 0	•	76133 Fax TITLE 18:	0		EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100	ORATION - TEXAS 40223 FAX: (502) 394-2285
MILLIAMS ROAD	Facility Information: WHITMAN 6524 WHITMAN FORT WORTH Phone (817) 294-8229 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	•	76133 Fax TITLE 18: TITLE19:	0		EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	ORATION - TEXAS 40223 FAX: (502) 394-2285
1136 WILLIAMS ROAD FORT WORTH	Facility Information: WHITMAN 6524 WHITMAN FORT WORTH Phone (817) 294-8229 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	•	76133 Fax TITLE 18: TITLE19:	0 0 0	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	ORATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
FORT WORTH TX 76120 Phone (817) 731-3985 Fax TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 8 Cert Alzh Capacity: 0 TITLE 18: 0 ICF/IID: 8 PROGRAM TYPE: CF/IID SERVICE TYPE GOVERNMENT BASED PRIVATE Beds: 0 TITLE 18:19: 0 License Exp Dt: County TARRANT Region 03 - ARLINGTON Facility Information: Facility ID: 007477 WINIFRED COMMUNITY HOME 5724 WINIFRED DR FORT WORTH TX 76133 Phone (817) 292-5398 Fax TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6 TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6 PROGRAM TYPE: CF/IID SERVICE TYPE GOVERNMENT BASED PROGRAM TYPE: CF/IID SERVICE TYPE PRIVATELY OWNED PROGRAM TYPE: CF/IID TYPE TYPE TYPE TYPE	Facility Information: WHITMAN 6524 WHITMAN FORT WORTH Phone (817) 294-8229 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information:	тх	76133 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/22/2018	ORATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
Phone (817) 731-3985	Facility Information: WHITMAN 6524 WHITMAN FORT WORTH Phone (817) 294-8229 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: WILLIAMS ROAD	тх	76133 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/22/2018 Owner Information TARRANT COUNTY MHMR SERVICES	ORATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
TOTAL Lic Capacity: 0	Facility Information: WHITMAN 6524 WHITMAN FORT WORTH Phone (817) 294-8229 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: WILLIAMS ROAD 1136 WILLIAMS ROAD	TX Facility ID:	76133 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/22/2018 Owner Information TARRANT COUNTY MHMR SERVICES PO BOX 2603	PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
PRIVATE Beds: 0 TITLE 18/19: 0 License Exp Dt: County TARRANT Region 03 - ARLINGTON	Facility Information: WHITMAN 6524 WHITMAN FORT WORTH Phone (817) 294-8229 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: WILLIAMS ROAD 1136 WILLIAMS ROAD FORT WORTH	TX Facility ID:	76133 Fax TITLE 18: TITLE19: TITLE 18/19: 003739	0 0 0	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/22/2018 Owner Information TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
County TARRANT Reg Svcs: IID TEAM Region 03 - ARLINGTON	Facility Information: WHITMAN 6524 WHITMAN 6524 WHITMAN FORT WORTH Phone (817) 294-8229 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: WILLIAMS ROAD 1136 WILLIAMS ROAD FORT WORTH Phone (817) 731-3985	TX Facility ID:	76133	0 0 0 Reg Svcs:	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/22/2018 Owner Information TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76113 FAX:
Facility Information: Facility ID: 007477 007477 007477	Facility Information: WHITMAN 6524 WHITMAN FORT WORTH Phone (817) 294-8229 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: WILLIAMS ROAD 1136 WILLIAMS ROAD FORT WORTH Phone (817) 731-3985 TOTAL Lic Capacity: 0	TX Facility ID:	76133	0 0 0 Reg Svcs:	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/22/2018 Owner Information TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76113 FAX:
WINIFRED COMMUNITY HOME 5724 WINIFRED DR FORT WORTH TX 76133 Phone (817) 292-5398 Fax TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6 Cert Alzh Capacity: 0 TITLE 19: 0 EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP 9901 LINN STATION ROAD LOUISVILLE KY 40223-3808 PHONE: (502) 394-2100 FAX: (502) 394-2285 PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED	Facility Information: WHITMAN 6524 WHITMAN 6524 WHITMAN FORT WORTH Phone (817) 294-8229 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: WILLIAMS ROAD 1136 WILLIAMS ROAD FORT WORTH Phone (817) 731-3985 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	76133	0 0 0 Reg Svcs:	ICF/IID: 6	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/22/2018 Owner Information TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634 PROGRAM TYPE: ICF/IID	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76113 FAX:
FORT WORTH TX 76133 Fax LOUISVILLE KY 40223-3808 Phone (817) 292-5398 Fax PHONE: (502) 394-2100 FAX: (502) 394-2285 TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6 PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED	Facility Information: WHITMAN 6524 WHITMAN FORT WORTH Phone (817) 294-8229 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: WILLIAMS ROAD 1136 WILLIAMS ROAD FORT WORTH Phone (817) 731-3985 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	76133	0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 8	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/22/2018 Owner Information TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634 PROGRAM TYPE: ICF/IID	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76113 FAX: SERVICE TYPE GOVERNMENT BASED
FORT WORTH TX 76133 Phone (817) 292-5398 Fax TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6 Cert Alzh Capacity: 0 TITLE19: 0 FAX: (502) 394-2100 FAX: (502) 394-2285	Facility Information: WHITMAN 6524 WHITMAN FORT WORTH Phone (817) 294-8229 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: WILLIAMS ROAD 1136 WILLIAMS ROAD FORT WORTH Phone (817) 731-3985 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information:	TX Facility ID: TX Facility ID:	76133	0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 8	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/22/2018 Owner Information TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634 PROGRAM TYPE: ICF/IID License Exp Dt:	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76113 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON
Phone (817) 292-5398 Fax TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6 Cert Alzh Capacity: 0 TITLE 19: 0 PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED	Facility Information: WHITMAN 6524 WHITMAN FORT WORTH Phone (817) 294-8229 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: WILLIAMS ROAD 1136 WILLIAMS ROAD FORT WORTH Phone (817) 731-3985 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: WINFRED COMMUNITY HOI	TX Facility ID: TX Facility ID:	76133	0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 8	EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/22/2018 Owner Information TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING LIMITE	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76113 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON
TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6 Cert Alzh Capacity: 0 TITLE19: 0 PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED	Facility Information: WHITMAN 6524 WHITMAN FORT WORTH Phone (817) 294-8229 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: WILLIAMS ROAD 1136 WILLIAMS ROAD FORT WORTH Phone (817) 731-3985 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: WINFRED COMMUNITY HOI 5724 WINIFRED DR	TX Facility ID: TX Facility ID:	76133	0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 8	EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/22/2018 Owner Information TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76113 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON
Cert Alzir Capacity. 0 III E 19. 0	Facility Information: WHITMAN 6524 WHITMAN 6524 WHITMAN FORT WORTH Phone (817) 294-8229 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: WILLIAMS ROAD 1136 WILLIAMS ROAD FORT WORTH Phone (817) 731-3985 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: WINIFRED COMMUNITY HON 5724 WINIFRED DR FORT WORTH	TX Facility ID: TX Facility ID:	76133	0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 8	EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/22/2018 Owner Information TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76113 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON D PARTNERSHIP 40223-3808
PRIVATE Beds: 0 TITLE 18/19: 0 License Exp Dt: 01/01/2019	Facility Information: WHITMAN 6524 WHITMAN 6524 WHITMAN FORT WORTH Phone (817) 294-8229 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: WILLIAMS ROAD 1136 WILLIAMS ROAD FORT WORTH Phone (817) 731-3985 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: WINIFRED COMMUNITY HOI 5724 WINIFRED DR FORT WORTH Phone (817) 292-5398	TX Facility ID: TX Facility ID:	76133	0 0 0 Reg Svcs:	ICF/IID: 6 : IID TEAM ICF/IID: 8	EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/22/2018 Owner Information TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76113 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON D PARTNERSHIP 40223-3808 FAX: (502) 394-2285
	Facility Information: WHITMAN 6524 WHITMAN 6524 WHITMAN FORT WORTH Phone (817) 294-8229 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: WILLIAMS ROAD 1136 WILLIAMS ROAD FORT WORTH Phone (817) 731-3985 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: WINIFRED COMMUNITY HOI 5724 WINIFRED DR FORT WORTH Phone (817) 292-5398 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID: TX Facility ID:	76133	0 0 0 Reg Svcs:	ICF/IID: 6 : IID TEAM ICF/IID: 8	EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/22/2018 Owner Information TARRANT COUNTY MHMR SERVICES PO BOX 2603 FORT WORTH TX PHONE: (817) 569-5634 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76113 FAX: SERVICE TYPE GOVERNMENT BASED Region 03 - ARLINGTON D PARTNERSHIP 40223-3808 FAX: (502) 394-2285

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			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	007637			Owner Information	
WORRELL					TARRANT COUNTY MHMR SERVICES	
5682 WORRELL FORT WORTH	TX	76133			PO BOX 2603	
Phone (817) 569-5634		Fax			FORT WORTH TX	76113
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (817) 569-5634	FAX:
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 11/20/2003	
County TARRANT			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	007614			Owner Information	
EDUCARE COMMUNITY LIVII	NG CORPORA	TION - TEXAS			EDUCARE COMMUNITY LIVING CORPO	DRATION - TEXAS
4333 COVENTRY DR GRAND PRAIRIE	TX	75052			9901 LINN STATION RD	40000
Phone (972) 647-2311		Fax	(972) 606-1804		LOUISVILLE KY	40223
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (502) 394-2100	FAX : (502) 394-2285
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2018	
County TARRANT			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	007453			Owner Information	
WALNUT CREEK RESIDENTI 4611 YALE DR.	AL SERVICES,	INC.			WALNUT CREEK RESIDENTIAL SERVIC	CES INC
GRAND PRAIRIE	TX	75052			2846 BIRMINGHAM DR	77070
Phone (972) 641-7696		Fax	(972) 641-7695		GRAND PRAIRIE TX	75052
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (972) 641-7696	FAX : (972) 641-7695
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/29/2017	
					Electrise Exp Bt. 0 1/20/2017	
County TARRANT			Reg Svcs:	IID TEAM	LIGHTSC EAP DE. 01/20/2011	Region 03 - ARLINGTON
-	Facility ID:	007417		IID TEAM	Owner Information	Region 03 - ARLINGTON
County TARRANT Facility Information: BROOKWOOD II	Facility ID:			IID TEAM	Owner Information SOUTHLAKE EDUCATIONAL CENTER II	·
County TARRANT Facility Information:	Facility ID:			IID TEAM	Owner Information SOUTHLAKE EDUCATIONAL CENTER II 2846 BIRMINGHAM DR	NC
County TARRANT Facility Information: BROOKWOOD II 649 CIRCLE VIEW S	·	007417		IID TEAM	Owner Information SOUTHLAKE EDUCATIONAL CENTER II 2846 BIRMINGHAM DR GRAND PRAIRIE TX	75052
County TARRANT Facility Information: BROOKWOOD II 649 CIRCLE VIEW S HURST	·	007417 76054	Reg Svcs: (972) 641-7695	IID TEAM ICF/IID: 6	Owner Information SOUTHLAKE EDUCATIONAL CENTER II 2846 BIRMINGHAM DR GRAND PRAIRIE TX PHONE: (972) 641-7696	75052 FAX: (972) 641-7695
County TARRANT Facility Information: BROOKWOOD II 649 CIRCLE VIEW S HURST Phone (817) 268-8015	·	007417 76054 Fax	Reg Svcs: (972) 641-7695 0		Owner Information SOUTHLAKE EDUCATIONAL CENTER II 2846 BIRMINGHAM DR GRAND PRAIRIE TX	75052
County TARRANT Facility Information: BROOKWOOD II 649 CIRCLE VIEW S HURST Phone (817) 268-8015 TOTAL Lic Capacity: 0	·	007417 76054 Fax TITLE 18:	Reg Svcs: (972) 641-7695 0		Owner Information SOUTHLAKE EDUCATIONAL CENTER II 2846 BIRMINGHAM DR GRAND PRAIRIE TX PHONE: (972) 641-7696	75052 FAX: (972) 641-7695
County TARRANT Facility Information: BROOKWOOD II 649 CIRCLE VIEW S HURST Phone (817) 268-8015 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	007417 76054 Fax TITLE 18: TITLE19:	Reg Svcs: (972) 641-7695 0		Owner Information SOUTHLAKE EDUCATIONAL CENTER II 2846 BIRMINGHAM DR GRAND PRAIRIE TX PHONE: (972) 641-7696 PROGRAM TYPE: ICF/IID	75052 FAX: (972) 641-7695
County TARRANT Facility Information: BROOKWOOD II 649 CIRCLE VIEW S HURST Phone (817) 268-8015 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	007417 76054 Fax TITLE 18: TITLE19:	Reg Svcs: (972) 641-7695 0 0	ICF/IID: 6	Owner Information SOUTHLAKE EDUCATIONAL CENTER II 2846 BIRMINGHAM DR GRAND PRAIRIE TX PHONE: (972) 641-7696 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2017 Owner Information	75052 FAX: (972) 641-7695 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
County TARRANT Facility Information: BROOKWOOD II 649 CIRCLE VIEW S HURST Phone (817) 268-8015 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: HURSTVIEW COMMUNITY H	TX Facility ID:	007417 76054 Fax TITLE 18: TITLE19: TITLE 18/19:	Reg Svcs: (972) 641-7695 0 0	ICF/IID: 6	Owner Information SOUTHLAKE EDUCATIONAL CENTER II 2846 BIRMINGHAM DR GRAND PRAIRIE TX PHONE: (972) 641-7696 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITER	75052 FAX: (972) 641-7695 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
County TARRANT Facility Information: BROOKWOOD II 649 CIRCLE VIEW S HURST Phone (817) 268-8015 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information:	TX Facility ID:	007417 76054 Fax TITLE 18: TITLE19: TITLE 18/19:	Reg Svcs: (972) 641-7695 0 0	ICF/IID: 6	Owner Information SOUTHLAKE EDUCATIONAL CENTER II 2846 BIRMINGHAM DR GRAND PRAIRIE TX PHONE: (972) 641-7696 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD	75052 FAX: (972) 641-7695 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON D PARTNERSHIP
County TARRANT Facility Information: BROOKWOOD II 649 CIRCLE VIEW S HURST Phone (817) 268-8015 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: HURSTVIEW COMMUNITY H 540 HURSTVIEW	TX Facility ID: OME	007417 76054 Fax TITLE 18: TITLE 19: TITLE 18/19:	Reg Svcs: (972) 641-7695 0 0	ICF/IID: 6	Owner Information SOUTHLAKE EDUCATIONAL CENTER II 2846 BIRMINGHAM DR GRAND PRAIRIE TX PHONE: (972) 641-7696 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY	75052 FAX: (972) 641-7695 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON D PARTNERSHIP 40223-3808
County TARRANT Facility Information: BROOKWOOD II 649 CIRCLE VIEW S HURST Phone (817) 268-8015 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: HURSTVIEW COMMUNITY H 540 HURSTVIEW HURST	TX Facility ID: OME	007417 76054 Fax TITLE 18: TITLE19: TITLE 18/19: 003942 76053-6605	Reg Svcs: (972) 641-7695 0 0 0 Reg Svcs:	ICF/IID: 6	Owner Information SOUTHLAKE EDUCATIONAL CENTER II 2846 BIRMINGHAM DR GRAND PRAIRIE TX PHONE: (972) 641-7696 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100	75052 FAX: (972) 641-7695 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON D PARTNERSHIP 40223-3808 FAX: (502) 394-2285
County TARRANT Facility Information: BROOKWOOD II 649 CIRCLE VIEW S HURST Phone (817) 268-8015 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: HURSTVIEW COMMUNITY H 540 HURSTVIEW HURST Phone (817) 282-6362	TX Facility ID: OME	007417 76054 Fax TITLE 18: TITLE19: TITLE 18/19: 003942 76053-6605 Fax	Reg Svcs: (972) 641-7695 0 0 Reg Svcs:	ICF/IID: 6	Owner Information SOUTHLAKE EDUCATIONAL CENTER II 2846 BIRMINGHAM DR GRAND PRAIRIE TX PHONE: (972) 641-7696 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY	75052 FAX: (972) 641-7695 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON D PARTNERSHIP 40223-3808
County TARRANT Facility Information: BROOKWOOD II 649 CIRCLE VIEW S HURST Phone (817) 268-8015 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: HURSTVIEW COMMUNITY H 540 HURSTVIEW HURST Phone (817) 282-6362 TOTAL Lic Capacity: 0	TX Facility ID: OME	007417 76054 Fax TITLE 18: TITLE 19: TITLE 18/19: 003942 76053-6605 Fax TITLE 18:	Reg Svcs: (972) 641-7695 0 0 Reg Svcs:	ICF/IID: 6	Owner Information SOUTHLAKE EDUCATIONAL CENTER II 2846 BIRMINGHAM DR GRAND PRAIRIE TX PHONE: (972) 641-7696 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100	75052 FAX: (972) 641-7695 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON D PARTNERSHIP 40223-3808 FAX: (502) 394-2285
County TARRANT Facility Information: BROOKWOOD II 649 CIRCLE VIEW S HURST Phone (817) 268-8015 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: HURSTVIEW COMMUNITY H 540 HURSTVIEW HURST Phone (817) 282-6362 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID: OME	007417 76054 Fax TITLE 18: TITLE 19: 003942 76053-6605 Fax TITLE 18: TITLE 18:	Reg Svcs: (972) 641-7695 0 0 Reg Svcs:	ICF/IID: 6	Owner Information SOUTHLAKE EDUCATIONAL CENTER II 2846 BIRMINGHAM DR GRAND PRAIRIE TX PHONE: (972) 641-7696 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITER 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	75052 FAX: (972) 641-7695 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON D PARTNERSHIP 40223-3808 FAX: (502) 394-2285
County TARRANT Facility Information: BROOKWOOD II 649 CIRCLE VIEW S HURST Phone (817) 268-8015 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: HURSTVIEW COMMUNITY H 540 HURSTVIEW HURST Phone (817) 282-6362 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information:	Facility ID: TX Facility ID:	007417 76054 Fax TITLE 18: TITLE 19: 003942 76053-6605 Fax TITLE 18: TITLE 18:	Reg Svcs: (972) 641-7695 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	Owner Information SOUTHLAKE EDUCATIONAL CENTER II 2846 BIRMINGHAM DR GRAND PRAIRIE TX PHONE: (972) 641-7696 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITER 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information	T5052 FAX: (972) 641-7695 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
County TARRANT Facility Information: BROOKWOOD II 649 CIRCLE VIEW S HURST Phone (817) 268-8015 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: HURSTVIEW COMMUNITY H 540 HURSTVIEW HURST Phone (817) 282-6362 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: NEWSTART LIVING CENTER	Facility ID: TX Facility ID:	007417 76054 Fax TITLE 18: TITLE 19: 1003942 76053-6605 Fax TITLE 18: TITLE 18: TITLE 18: TITLE 18:	Reg Svcs: (972) 641-7695 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	Owner Information SOUTHLAKE EDUCATIONAL CENTER II 2846 BIRMINGHAM DR GRAND PRAIRIE TX PHONE: (972) 641-7696 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information NEWSTART INC	T5052 FAX: (972) 641-7695 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
County TARRANT Facility Information: BROOKWOOD II 649 CIRCLE VIEW S HURST Phone (817) 268-8015 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: HURSTVIEW COMMUNITY H 540 HURSTVIEW HURST Phone (817) 282-6362 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information:	Facility ID: TX Facility ID:	007417 76054 Fax TITLE 18: TITLE 19: 1003942 76053-6605 Fax TITLE 18: TITLE 18: TITLE 18: TITLE 18:	Reg Svcs: (972) 641-7695 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	Owner Information SOUTHLAKE EDUCATIONAL CENTER II 2846 BIRMINGHAM DR GRAND PRAIRIE TX PHONE: (972) 641-7696 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information NEWSTART INC PO BOX 331629	T5052 FAX: (972) 641-7695 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
County TARRANT Facility Information: BROOKWOOD II 649 CIRCLE VIEW S HURST Phone (817) 268-8015 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: HURSTVIEW COMMUNITY H 540 HURSTVIEW HURST Phone (817) 282-6362 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: NEWSTART LIVING CENTER 201 WISTERIA	Facility ID: TX Facility ID: IV	007417 76054 Fax TITLE 18: TITLE 19: TITLE 18/19: 003942 76053-6605 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	Reg Svcs: (972) 641-7695 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	Owner Information SOUTHLAKE EDUCATIONAL CENTER II 2846 BIRMINGHAM DR GRAND PRAIRIE TX PHONE: (972) 641-7696 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITER 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information NEWSTART INC PO BOX 331629 FORT WORTH TX	75052 FAX: (972) 641-7695 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
County TARRANT Facility Information: BROOKWOOD II 649 CIRCLE VIEW S HURST Phone (817) 268-8015 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: HURSTVIEW COMMUNITY H 540 HURSTVIEW HURST Phone (817) 282-6362 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: NEWSTART LIVING CENTER 201 WISTERIA MANSFIELD	Facility ID: TX Facility ID: IV	007417 76054 Fax TITLE 18: TITLE 19: TITLE 18/19: 003942 76053-6605 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	Reg Svcs: (972) 641-7695 0 0 Reg Svcs: 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	Owner Information SOUTHLAKE EDUCATIONAL CENTER II 2846 BIRMINGHAM DR GRAND PRAIRIE TX PHONE: (972) 641-7696 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITED 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information NEWSTART INC PO BOX 331629 FORT WORTH TX PHONE: (817) 294-9675	75052 FAX: (972) 641-7695 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76163 FAX: (817) 294-9907
County TARRANT Facility Information: BROOKWOOD II 649 CIRCLE VIEW S HURST Phone (817) 268-8015 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: HURSTVIEW COMMUNITY H 540 HURSTVIEW HURST Phone (817) 282-6362 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: NEWSTART LIVING CENTER 201 WISTERIA MANSFIELD Phone (817) 294-9675	Facility ID: TX Facility ID: IV	007417 76054 Fax TITLE 18: TITLE19: TITLE 18/19: 003942 76053-6605 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19: 003998 76063 Fax	Reg Svcs: (972) 641-7695 0 0 Reg Svcs: 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	Owner Information SOUTHLAKE EDUCATIONAL CENTER II 2846 BIRMINGHAM DR GRAND PRAIRIE TX PHONE: (972) 641-7696 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITER 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information NEWSTART INC PO BOX 331629 FORT WORTH TX	75052 FAX: (972) 641-7695 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON

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County TARRANT			D 0	IID TEAM		Danier 03 ADUNOTON
County TARRANT Facility Information:	Facility ID:	007276	Reg Svcs:	IID TEAM	Owner Information	Region 03 - ARLINGTON
BROOKWOOD I	r acinty ib.	001210			LANGUAGE RESOURCE CENTER INC	
2900 BROOKWOOD LN					2846 BIRMINGHAM DR	
SOUTHLAKE	TX	76092			GRAND PRAIRIE TX	75052
Phone (817) 329-1098		Fax	(972) 641-7696		PHONE : (972) 641-7696	FAX: (972) 641-7695
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:				SERVICE THANKET OWNED
PRIVATE Beds: 0		TITLE 18/19:	U		License Exp Dt: 03/01/2017	
County TARRANT			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	007623			Owner Information	
BROOKWOOD I I I 2410 TAYLOR ST					21ST CENTURY LIVING CENTERS INC	
SOUTHLAKE	TX	76092			2846 BIRMINGHAM DR	75050
Phone (817) 424-3338		Fax	(972) 641-7695		GRAND PRAIRIE TX	75052
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (972) 641-7696	FAX: (972) 641-7695
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 03/01/2017	
County TARRANT			Reg Svcs:	IID TEAM		Region 03 - ARLINGTON
Facility Information:	Facility ID:	007353	.,		Owner Information	
SAFE CARE I					SCP ACQUISITION PARTNERS LTD	
6517 BROOKSIDE DR	TX	76148			4244 RIVER BIRCH RD	
WATAUGA Phone (817) 485-9529	1.4	70140 Fax	(817) 847-5721		FORT WORTH TX	76137
` '		TITLE 18:	• •	ICF/IID: 6	PHONE : (817) 847-5741	FAX: (817) 847-5721
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0		TITLE 10.		ICF/IID. 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 08/01/2018	
			-			
County TARRANT	F194-1D-	007440	Reg Svcs:	IID TEAM	Our and of a marking	Region 03 - ARLINGTON
Facility Information:	Facility ID:	007410	Reg Svcs:	IID TEAM	Owner Information	Region 03 - ARLINGTON
ŕ	Facility ID:	007410	Reg Svcs:	IID TEAM	SCP ACQUISITION PARTNERS LTD	Region 03 - ARLINGTON
Facility Information: SAFE CARE II	Facility ID:	007410 76148	Reg Svcs:	IID TEAM	SCP ACQUISITION PARTNERS LTD 4244 RIVER BIRCH RD	v
Facility Information: SAFE CARE II 8005 LAZY BROOK DR	·		Reg Svcs:	IID TEAM	SCP ACQUISITION PARTNERS LTD 4244 RIVER BIRCH RD FORT WORTH TX	76137
Facility Information: SAFE CARE II 8005 LAZY BROOK DR WATAUGA Phone (817) 485-6807 TOTAL Lic Capacity: 0	·	76148	(817) 847-5721	IID TEAM ICF/IID: 6	SCP ACQUISITION PARTNERS LTD 4244 RIVER BIRCH RD FORT WORTH TX PHONE: (817) 847-5741	76137 FAX: (817) 847-5721
Facility Information: SAFE CARE II 8005 LAZY BROOK DR WATAUGA Phone (817) 485-6807	·	76148 Fax TITLE 18: TITLE19:	(817) 847-5721 0 0		SCP ACQUISITION PARTNERS LTD 4244 RIVER BIRCH RD FORT WORTH TX PHONE: (817) 847-5741 PROGRAM TYPE: ICF/IID	76137
Facility Information: SAFE CARE II 8005 LAZY BROOK DR WATAUGA Phone (817) 485-6807 TOTAL Lic Capacity: 0	·	76148 Fax TITLE 18:	(817) 847-5721 0 0		SCP ACQUISITION PARTNERS LTD 4244 RIVER BIRCH RD FORT WORTH TX PHONE: (817) 847-5741	76137 FAX: (817) 847-5721
Facility Information: SAFE CARE II 8005 LAZY BROOK DR WATAUGA Phone (817) 485-6807 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	76148 Fax TITLE 18: TITLE19:	(817) 847-5721 0 0		SCP ACQUISITION PARTNERS LTD 4244 RIVER BIRCH RD FORT WORTH TX PHONE: (817) 847-5741 PROGRAM TYPE: ICF/IID	76137 FAX: (817) 847-5721
Facility Information: SAFE CARE II 8005 LAZY BROOK DR WATAUGA Phone (817) 485-6807 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	76148 Fax TITLE 18: TITLE19:	(817) 847-5721 0 0	ICF/IID: 6	SCP ACQUISITION PARTNERS LTD 4244 RIVER BIRCH RD FORT WORTH TX PHONE: (817) 847-5741 PROGRAM TYPE: ICF/IID	76137 FAX: (817) 847-5721 SERVICE TYPE PRIVATELY OWNED
Facility Information: SAFE CARE II 8005 LAZY BROOK DR WATAUGA Phone (817) 485-6807 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: ALYSSA 1	тх	76148 Fax TITLE 18: TITLE 19: TITLE 18/19:	(817) 847-5721 0 0	ICF/IID: 6	SCP ACQUISITION PARTNERS LTD 4244 RIVER BIRCH RD FORT WORTH TX PHONE: (817) 847-5741 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018	76137 FAX: (817) 847-5721 SERVICE TYPE PRIVATELY OWNED
Facility Information: SAFE CARE II 8005 LAZY BROOK DR WATAUGA Phone (817) 485-6807 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information:	тх	76148 Fax TITLE 18: TITLE 19: TITLE 18/19:	(817) 847-5721 0 0	ICF/IID: 6	SCP ACQUISITION PARTNERS LTD 4244 RIVER BIRCH RD FORT WORTH TX PHONE: (817) 847-5741 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018 Owner Information MHS OF TEXAS II INC 9220 ALYSSA	76137 FAX: (817) 847-5721 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: SAFE CARE II 8005 LAZY BROOK DR WATAUGA Phone (817) 485-6807 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: ALYSSA 1 9220 ALYSSA DR	TX Facility ID:	76148	(817) 847-5721 0 0	ICF/IID: 6	SCP ACQUISITION PARTNERS LTD 4244 RIVER BIRCH RD FORT WORTH TX PHONE: (817) 847-5741 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018 Owner Information MHS OF TEXAS II INC 9220 ALYSSA WHITE SETTLEMENT TX	76137 FAX: (817) 847-5721 SERVICE TYPE PRIVATELY OWNED
Facility Information: SAFE CARE II 8005 LAZY BROOK DR WATAUGA Phone (817) 485-6807 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: ALYSSA 1 9220 ALYSSA DR WHITE SETTLEMENT Phone (817) 270-2747	TX Facility ID:	76148	(817) 847-5721 0 0 0 Reg Svcs:	ICF/IID: 6	SCP ACQUISITION PARTNERS LTD 4244 RIVER BIRCH RD FORT WORTH TX PHONE: (817) 847-5741 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018 Owner Information MHS OF TEXAS II INC 9220 ALYSSA	76137 FAX: (817) 847-5721 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: SAFE CARE II 8005 LAZY BROOK DR WATAUGA Phone (817) 485-6807 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: ALYSSA 1 9220 ALYSSA DR WHITE SETTLEMENT Phone (817) 270-2747 TOTAL Lic Capacity: 0	TX Facility ID:	76148	(817) 847-5721 0 0 0 Reg Svcs:	ICF/IID: 6	SCP ACQUISITION PARTNERS LTD 4244 RIVER BIRCH RD FORT WORTH TX PHONE: (817) 847-5741 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018 Owner Information MHS OF TEXAS II INC 9220 ALYSSA WHITE SETTLEMENT TX	76137 FAX: (817) 847-5721 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: SAFE CARE II 8005 LAZY BROOK DR WATAUGA Phone (817) 485-6807 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: ALYSSA 1 9220 ALYSSA DR WHITE SETTLEMENT Phone (817) 270-2747	TX Facility ID:	76148	(817) 847-5721 0 0 0 Reg Svcs: (817) 270-1477 0	ICF/IID: 6	SCP ACQUISITION PARTNERS LTD 4244 RIVER BIRCH RD FORT WORTH TX PHONE: (817) 847-5741 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018 Owner Information MHS OF TEXAS II INC 9220 ALYSSA WHITE SETTLEMENT TX PHONE: (817) 270-2747	76137 FAX: (817) 847-5721 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76108 FAX: (817) 270-1477
Facility Information: SAFE CARE II 8005 LAZY BROOK DR WATAUGA Phone (817) 485-6807 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: ALYSSA 1 9220 ALYSSA DR WHITE SETTLEMENT Phone (817) 270-2747 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	76148	(817) 847-5721 0 0 0 Reg Svcs: (817) 270-1477 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	SCP ACQUISITION PARTNERS LTD 4244 RIVER BIRCH RD FORT WORTH TX PHONE: (817) 847-5741 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018 Owner Information MHS OF TEXAS II INC 9220 ALYSSA WHITE SETTLEMENT TX PHONE: (817) 270-2747 PROGRAM TYPE: ICF/IID	76137 FAX: (817) 847-5721 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76108 FAX: (817) 270-1477 SERVICE TYPE PRIVATELY OWNED
Facility Information: SAFE CARE II 8005 LAZY BROOK DR WATAUGA Phone (817) 485-6807 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: ALYSSA 1 9220 ALYSSA DR WHITE SETTLEMENT Phone (817) 270-2747 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT	TX Facility ID:	76148	(817) 847-5721 0 0 0 Reg Svcs: (817) 270-1477 0	ICF/IID: 6	SCP ACQUISITION PARTNERS LTD 4244 RIVER BIRCH RD FORT WORTH TX PHONE: (817) 847-5741 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018 Owner Information MHS OF TEXAS II INC 9220 ALYSSA WHITE SETTLEMENT TX PHONE: (817) 270-2747 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2017	76137 FAX: (817) 847-5721 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76108 FAX: (817) 270-1477
Facility Information: SAFE CARE II 8005 LAZY BROOK DR WATAUGA Phone (817) 485-6807 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: ALYSSA 1 9220 ALYSSA DR WHITE SETTLEMENT Phone (817) 270-2747 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	76148	(817) 847-5721 0 0 0 Reg Svcs: (817) 270-1477 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	SCP ACQUISITION PARTNERS LTD 4244 RIVER BIRCH RD FORT WORTH TX PHONE: (817) 847-5741 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018 Owner Information MHS OF TEXAS II INC 9220 ALYSSA WHITE SETTLEMENT TX PHONE: (817) 270-2747 PROGRAM TYPE: ICF/IID	76137 FAX: (817) 847-5721 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76108 FAX: (817) 270-1477 SERVICE TYPE PRIVATELY OWNED
Facility Information: SAFE CARE II 8005 LAZY BROOK DR WATAUGA Phone (817) 485-6807 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: ALYSSA 1 9220 ALYSSA DR WHITE SETTLEMENT Phone (817) 270-2747 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: ALYSSA 2 9212 ALYSSA	TX Facility ID: TX Facility ID:	76148	(817) 847-5721 0 0 0 Reg Svcs: (817) 270-1477 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	SCP ACQUISITION PARTNERS LTD 4244 RIVER BIRCH RD FORT WORTH TX PHONE: (817) 847-5741 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018 Owner Information MHS OF TEXAS II INC 9220 ALYSSA WHITE SETTLEMENT TX PHONE: (817) 270-2747 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2017 Owner Information	76137 FAX: (817) 847-5721 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76108 FAX: (817) 270-1477 SERVICE TYPE PRIVATELY OWNED
Facility Information: SAFE CARE II 8005 LAZY BROOK DR WATAUGA Phone (817) 485-6807 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: ALYSSA 1 9220 ALYSSA DR WHITE SETTLEMENT Phone (817) 270-2747 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: ALYSSA 2 9212 ALYSSA WHITE SETTLEMENT	TX Facility ID:	76148	(817) 847-5721 0 0 0 Reg Svcs: (817) 270-1477 0 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	SCP ACQUISITION PARTNERS LTD 4244 RIVER BIRCH RD FORT WORTH TX PHONE: (817) 847-5741 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018 Owner Information MHS OF TEXAS II INC 9220 ALYSSA WHITE SETTLEMENT TX PHONE: (817) 270-2747 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2017 Owner Information MHS OF TEXAS II INC	76137 FAX: (817) 847-5721 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76108 FAX: (817) 270-1477 SERVICE TYPE PRIVATELY OWNED
Facility Information: SAFE CARE II 8005 LAZY BROOK DR WATAUGA Phone (817) 485-6807 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: ALYSSA 1 9220 ALYSSA DR WHITE SETTLEMENT Phone (817) 270-2747 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: ALYSSA 2 9212 ALYSSA WHITE SETTLEMENT Phone (817) 270-2747	TX Facility ID: TX Facility ID:	76148	(817) 847-5721 0 0 0 Reg Svcs: (817) 270-1477 0 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	SCP ACQUISITION PARTNERS LTD 4244 RIVER BIRCH RD FORT WORTH TX PHONE: (817) 847-5741 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018 Owner Information MHS OF TEXAS II INC 9220 ALYSSA WHITE SETTLEMENT TX PHONE: (817) 270-2747 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2017 Owner Information MHS OF TEXAS II INC 9220 ALYSSA	76137 FAX: (817) 847-5721 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76108 FAX: (817) 270-1477 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON
Facility Information: SAFE CARE II 8005 LAZY BROOK DR WATAUGA Phone (817) 485-6807 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: ALYSSA 1 9220 ALYSSA DR WHITE SETTLEMENT Phone (817) 270-2747 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: ALYSSA 2 9212 ALYSSA WHITE SETTLEMENT Phone (817) 270-2747 TOTAL Lic Capacity: 0 COUNTY TARRANT Facility Information: ALYSSA 2 9212 ALYSSA WHITE SETTLEMENT Phone (817) 270-2747	TX Facility ID: TX Facility ID:	76148	(817) 847-5721 0 0 0 Reg Svcs: (817) 270-1477 0 0 Reg Svcs:	ICF/IID: 6 IID TEAM ICF/IID: 6	SCP ACQUISITION PARTNERS LTD 4244 RIVER BIRCH RD FORT WORTH TX PHONE: (817) 847-5741 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018 Owner Information MHS OF TEXAS II INC 9220 ALYSSA WHITE SETTLEMENT TX PHONE: (817) 270-2747 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2017 Owner Information MHS OF TEXAS II INC 9220 ALYSSA WHITE SETTLEMENT TX PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2017	76137 FAX: (817) 847-5721 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76108 FAX: (817) 270-1477 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76108 FAX: (817) 270-1477
Facility Information: SAFE CARE II 8005 LAZY BROOK DR WATAUGA Phone (817) 485-6807 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: ALYSSA 1 9220 ALYSSA DR WHITE SETTLEMENT Phone (817) 270-2747 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TARRANT Facility Information: ALYSSA 2 9212 ALYSSA WHITE SETTLEMENT Phone (817) 270-2747	TX Facility ID: TX Facility ID:	76148	(817) 847-5721 0 0 0 Reg Svcs: (817) 270-1477 0 0 0 (817) 270-1477 0 0	ICF/IID: 6 IID TEAM ICF/IID: 6	SCP ACQUISITION PARTNERS LTD 4244 RIVER BIRCH RD FORT WORTH TX PHONE: (817) 847-5741 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2018 Owner Information MHS OF TEXAS II INC 9220 ALYSSA WHITE SETTLEMENT TX PHONE: (817) 270-2747 PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2017 Owner Information MHS OF TEXAS II INC 9220 ALYSSA WHITE SETTLEMENT TX PROGRAM TYPE: ICF/IID License Exp Dt: 08/01/2017	76137 FAX: (817) 847-5721 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON 76108 FAX: (817) 270-1477 SERVICE TYPE PRIVATELY OWNED Region 03 - ARLINGTON

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County TAYLOR			Reg Svcs:	ICF/IID		Region 02 - ABILENE
Facility Information:	Facility ID:	003728	·		Owner Information	·
ABILENE COMMUNITY RESID	ENCE				KENMAR RESIDENTIAL SERVICES INC	ORPORATED
3110 BUFFALO GAP RD ABILENE	TX	79605			33 CYPRESS BLVD	,SUITE 100
Phone (325) 691-0810	17	Fax	(325) 691-1817		ROUND ROCK TX	78665
TOTAL Lic Capacity: 0		TITLE 18:	, ,	ICF/IID: 13	PHONE : (512) 336-0800	FAX: (512) 336-0812
Cert Alzh Capacity: 0		TITLE 16.	-	ICF/IID. 13	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 03/15/2018	
Thurst Bodo.					200 100 EXP 50 00/10/2010	
County TAYLOR			Reg Svcs:	ICF/IID		Region 02 - ABILENE
Facility Information:	Facility ID:	007100			Owner Information	
ABILENE STATE SUPPORTED 2500 MAPLE ST	D LIVING CEN	IEK			DADS	
ABILENE	TX	79604			PO BOX 12668 AUSTIN TX	78711
Phone (325) 692-4053		Fax	(325) 795-3853			
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 662	PHONE : (512) 454-3761	FAX:
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE STATE SCHOOL/STATE CENTER
			_			CENTER
PRIVATE Beds: 0		TITLE 18/19:	U		License Exp Dt:	
County TAYLOR			Reg Svcs:	ICF/IID		Region 02 - ABILENE
Facility Information:	Facility ID:	007383			Owner Information	
BACON COMMUNITY HOME					EDUCARE COMMUNITY LIVING LIMITE	D PARTNERSHIP
634 BACON DR ABILENE	TX	79601-2051			9901 LINN STATION ROAD	
Phone (325) 676-1473		Fax	(325) 676-1673		LOUISVILLE KY	40223-3808
TOTAL Lic Capacity: 0		TITLE 18:	, ,	ICF/IID: 6	PHONE : (502) 394-2100	FAX: (502) 394-2285
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2017	
O 1 TAYLOR				IOE III D	<u> </u>	D : 00 40# 51#5
County TAYLOR	Facility ID:	000740	Reg Svcs:	ICF/IID	Ourse Information	Region 02 - ABILENE
Facility Information: BIG SKY RANCH	Facility ID:	003749			Owner Information D & S RESIDENTIAL SERVICES LP	
2234 B AMY LYN AVE					8911 N CAPITAL OF TX HWY	,BLDG 1 STE 1300
ABILENE	TX	79603			AUSTIN TX	78759
Phone (325) 676-5671		Fax	(512) 327-5355		PHONE : (512) 327-2325	FAX: (512) 327-5355
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 13	(*), *	(3) 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TIT! = 40/40			1: F D4: 40/04/0047	
County TAYLOR		TITLE 18/19:	0		License Exp Dt: 12/01/2017	
Facility Information:		IIILE 18/19:	0 Reg Svcs:	ICF/IID	License Exp Dt: 12/01/2017	Region 02 - ABILENE
	Facility ID:	007324		ICF/IID	Owner Information	Region 02 - ABILENE
BRENDA COMMUNITY HOME	•			ICF/IID	·	·
2326 BRENDA ST		007324		ICF/IID	Owner Information	·
2326 BRENDA ST ABILENE	•	007324 79605-1118	Reg Svcs:	ICF/IID	Owner Information EDUCARE COMMUNITY LIVING LIMITE	·
2326 BRENDA ST ABILENE Phone (325) 676-1473		007324 79605-1118 Fax	Reg Svcs:		Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD	D PARTNERSHIP
2326 BRENDA ST ABILENE Phone (325) 676-1473 TOTAL Lic Capacity: 0		007324 79605-1118 Fax TITLE 18:	Reg Svcs: (325) 676-1673	ICF/IID ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY	D PARTNERSHIP 40223-3808
2326 BRENDA ST ABILENE Phone (325) 676-1473 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0		007324 79605-1118 Fax TITLE 18: TITLE19:	Reg Svcs: (325) 676-1673 0		Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285
2326 BRENDA ST ABILENE Phone (325) 676-1473 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0		007324 79605-1118 Fax TITLE 18:	Reg Svcs: (325) 676-1673 0 0	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
2326 BRENDA ST ABILENE Phone (325) 676-1473 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TAYLOR	тх	007324 79605-1118 Fax TITLE 18: TITLE19: TITLE 18/19:	Reg Svcs: (325) 676-1673 0		Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285
2326 BRENDA ST ABILENE Phone (325) 676-1473 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TAYLOR Facility Information:		007324 79605-1118 Fax TITLE 18: TITLE19:	Reg Svcs: (325) 676-1673 0 0	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
2326 BRENDA ST ABILENE Phone (325) 676-1473 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TAYLOR Facility Information: EAST LAKE	тх	007324 79605-1118 Fax TITLE 18: TITLE19: TITLE 18/19:	Reg Svcs: (325) 676-1673 0 0	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information HILL RESOURCES INC	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE
2326 BRENDA ST ABILENE Phone (325) 676-1473 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TAYLOR Facility Information:	тх	007324 79605-1118 Fax TITLE 18: TITLE19: TITLE 18/19:	Reg Svcs: (325) 676-1673 0 0	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information HILL RESOURCES INC 1071 N JUDGE ELY BLVD	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE # 6424
2326 BRENDA ST ABILENE Phone (325) 676-1473 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TAYLOR Facility Information: EAST LAKE 3325 E LAKE RD	TX Facility ID:	007324 79605-1118 Fax TITLE 18: TITLE 19: TITLE 18/19:	Reg Svcs: (325) 676-1673 0 0	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information HILL RESOURCES INC 1071 N JUDGE ELY BLVD ABILENE TX	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE # 6424 79601
2326 BRENDA ST ABILENE Phone (325) 676-1473 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TAYLOR Facility Information: EAST LAKE 3325 E LAKE RD ABILENE	TX Facility ID:	007324 79605-1118 Fax TITLE 18: TITLE19: TITLE 18/19: 007354	Reg Svcs: (325) 676-1673 0 0 Reg Svcs:	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information HILL RESOURCES INC 1071 N JUDGE ELY BLVD	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE # 6424
2326 BRENDA ST ABILENE Phone (325) 676-1473 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TAYLOR Facility Information: EAST LAKE 3325 E LAKE RD ABILENE Phone (325) 673-3346	TX Facility ID:	007324 79605-1118	Reg Svcs: (325) 676-1673 0 0 Reg Svcs:	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2019 Owner Information HILL RESOURCES INC 1071 N JUDGE ELY BLVD ABILENE TX	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE # 6424 79601

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County TAYLOR			Reg Svcs:	ICF/IID		Region 02 - ABILENE
Facility Information:	Facility ID:	007803	·		Owner Information	•
HAWTHORNE HOUSE					DISABILITY RESOURCES INC	
526 HAWTHORNE ST ABILENE	TX	79605			3602 N. CLACK ST.	
Phone (325) 695-1516	IX.	Fax	(325) 677-6815		ABILENE TX	79601
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (325) 336-3670	FAX : (325) 673-7829
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 10/30/2017	
County TAYLOR			Reg Svcs:	ICF/IID		Region 02 - ABILENE
Facility Information:	Facility ID:	003667	Ü		Owner Information	
HIGH LIFE					SOMA RESOURCES INC	
#2 HIGH LIFE CIR ABILENE	TX	79606			2449 S WILLIS	,STE 201
Phone (325) 690-1508	17	Fax	(915) 695-2707		ABILENE TX	79605
TOTAL Lic Capacity: 0		TITLE 18:	, ,	ICF/IID: 6	PHONE : (325) 695-7860	FAX: (325) 695-2707
Cert Alzh Capacity: 0		TITLE 10.		.51/1151 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 06/01/2018	
County TAYLOR			Reg Svcs:	ICF/IID		Region 02 - ABILENE
Facility Information:	Facility ID:	007501	i veg ovos.	IOI /IID	Owner Information	Magion of Moleciae
HIGHLAND COMMUNITY HON	-				EDUCARE COMMUNITY LIVING LIMITED) PARTNERSHIP
1366 HIGHLAND AVE		70005 4054			9901 LINN STATION ROAD	
ABILENE (325) 676-1473	TX	79605-4251 Fax	(325) 676-1673		LOUISVILLE KY	40223-3808
TOTAL Lic Capacity: 0		TITLE 18:	• •	ICF/IID: 6	PHONE : (502) 394-2100	FAX: (502) 394-2285
Cert Alzh Capacity: 0		TITLE 10:		IOI/IID. 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 01/01/2017	
County TAYLOR			Red Sycs:	ICE/IID		Region 02 - ABILENE
County TAYLOR Facility Information:	Facility ID:	007259	Reg Svcs:	ICF/IID	Owner Information	Region 02 - ABILENE
County TAYLOR Facility Information: LEA FARMS RESIDENCE	Facility ID:	007259	Reg Svcs:	ICF/IID	Owner Information GRACE RESIDENTIAL ENTERPRISES	Region 02 - ABILENE
Facility Information: LEA FARMS RESIDENCE 1318 PIEDMONT	·		Reg Svcs:	ICF/IID		Region 02 - ABILENE ,APT 1204
Facility Information: LEA FARMS RESIDENCE 1318 PIEDMONT ABILENE	Facility ID:	79601	·	ICF/IID	GRACE RESIDENTIAL ENTERPRISES	· ·
Facility Information: LEA FARMS RESIDENCE 1318 PIEDMONT ABILENE Phone (325) 673-3397	·	79601 Fax	(325) 673-3397		GRACE RESIDENTIAL ENTERPRISES 14504 COMANS RD	,APT 1204
Facility Information: LEA FARMS RESIDENCE 1318 PIEDMONT ABILENE Phone (325) 673-3397 TOTAL Lic Capacity: 0	·	79601 Fax TITLE 18:	(325) 673-3397 0	ICF/IID ICF/IID: 6	GRACE RESIDENTIAL ENTERPRISES 14504 COMANS RD ABILENE TX	,APT 1204 79602
Facility Information: LEA FARMS RESIDENCE 1318 PIEDMONT ABILENE Phone (325) 673-3397	·	79601 Fax	(325) 673-3397 0 0		GRACE RESIDENTIAL ENTERPRISES 14504 COMANS RD ABILENE TX PHONE: (512) 426-7618	,APT 1204 79602 FAX:
Facility Information: LEA FARMS RESIDENCE 1318 PIEDMONT ABILENE Phone (325) 673-3397 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	79601 Fax TITLE 18: TITLE19:	(325) 673-3397 0 0	ICF/IID: 6	GRACE RESIDENTIAL ENTERPRISES 14504 COMANS RD ABILENE TX PHONE: (512) 426-7618 PROGRAM TYPE: ICF/IID	,APT 1204 79602 FAX: SERVICE TYPE PRIVATELY OWNED
Facility Information: LEA FARMS RESIDENCE 1318 PIEDMONT ABILENE Phone (325) 673-3397 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TAYLOR	TX	79601 Fax TITLE 18: TITLE19: TITLE 18/19:	(325) 673-3397 0 0		GRACE RESIDENTIAL ENTERPRISES 14504 COMANS RD ABILENE TX PHONE: (512) 426-7618 PROGRAM TYPE: ICF/IID License Exp Dt: 04/05/2018	,APT 1204 79602 FAX:
Facility Information: LEA FARMS RESIDENCE 1318 PIEDMONT ABILENE Phone (325) 673-3397 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	79601	(325) 673-3397 0 0	ICF/IID: 6	GRACE RESIDENTIAL ENTERPRISES 14504 COMANS RD ABILENE TX PHONE: (512) 426-7618 PROGRAM TYPE: ICF/IID	,APT 1204 79602 FAX: SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE
Facility Information: LEA FARMS RESIDENCE 1318 PIEDMONT ABILENE Phone (325) 673-3397 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TAYLOR Facility Information: LOVE & CARE RESIDENTIAL 1317 LAWYERS LN	TX Facility ID: SERVICES LL	79601	(325) 673-3397 0 0	ICF/IID: 6	GRACE RESIDENTIAL ENTERPRISES 14504 COMANS RD ABILENE TX PHONE: (512) 426-7618 PROGRAM TYPE: ICF/IID License Exp Dt: 04/05/2018 Owner Information	,APT 1204 79602 FAX: SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE
Facility Information: LEA FARMS RESIDENCE 1318 PIEDMONT ABILENE Phone (325) 673-3397 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TAYLOR Facility Information: LOVE & CARE RESIDENTIAL 1317 LAWYERS LN ABILENE	TX Facility ID:	79601	(325) 673-3397 0 0 0 Reg Svcs:	ICF/IID: 6	GRACE RESIDENTIAL ENTERPRISES 14504 COMANS RD ABILENE TX PHONE: (512) 426-7618 PROGRAM TYPE: ICF/IID License Exp Dt: 04/05/2018 Owner Information LOVE & CARE RESIDENTIAL SERVICES	,APT 1204 79602 FAX: SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE
Facility Information: LEA FARMS RESIDENCE 1318 PIEDMONT ABILENE Phone (325) 673-3397 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TAYLOR Facility Information: LOVE & CARE RESIDENTIAL 1317 LAWYERS LN ABILENE Phone (325) 673-2559	TX Facility ID: SERVICES LL	79601	(325) 673-3397 0 0 0 Reg Svcs:	ICF/IID: 6	GRACE RESIDENTIAL ENTERPRISES 14504 COMANS RD ABILENE TX PHONE: (512) 426-7618 PROGRAM TYPE: ICF/IID License Exp Dt: 04/05/2018 Owner Information LOVE & CARE RESIDENTIAL SERVICES 1317 LAWYER'S LANE	,APT 1204 79602 FAX: SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE
Facility Information: LEA FARMS RESIDENCE 1318 PIEDMONT ABILENE Phone (325) 673-3397 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TAYLOR Facility Information: LOVE & CARE RESIDENTIAL 1317 LAWYERS LN ABILENE Phone (325) 673-2559 TOTAL Lic Capacity: 0	TX Facility ID: SERVICES LL	79601	(325) 673-3397 0 0 0 Reg Svcs:	ICF/IID: 6	GRACE RESIDENTIAL ENTERPRISES 14504 COMANS RD ABILENE TX PHONE: (512) 426-7618 PROGRAM TYPE: ICF/IID License Exp Dt: 04/05/2018 Owner Information LOVE & CARE RESIDENTIAL SERVICES 1317 LAWYER'S LANE ABILENE TX	,APT 1204 79602 FAX: SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE LLC 79602
Facility Information: LEA FARMS RESIDENCE 1318 PIEDMONT ABILENE Phone (325) 673-3397 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TAYLOR Facility Information: LOVE & CARE RESIDENTIAL 1317 LAWYERS LN ABILENE Phone (325) 673-2559 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID: SERVICES LL	79601	(325) 673-3397 0 0 0 Reg Svcs: (325) 673-2559 0	ICF/IID: 6	GRACE RESIDENTIAL ENTERPRISES 14504 COMANS RD ABILENE TX PHONE: (512) 426-7618 PROGRAM TYPE: ICF/IID License Exp Dt: 04/05/2018 Owner Information LOVE & CARE RESIDENTIAL SERVICES 1317 LAWYER'S LANE ABILENE TX PHONE: (325) 673-2559 PROGRAM TYPE: ICF/IID	,APT 1204 79602 FAX: SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE LLC 79602 FAX: (325) 673-2559
Facility Information: LEA FARMS RESIDENCE 1318 PIEDMONT ABILENE Phone (325) 673-3397 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TAYLOR Facility Information: LOVE & CARE RESIDENTIAL 1317 LAWYERS LN ABILENE Phone (325) 673-2559 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID: SERVICES LL	79601	(325) 673-3397 0 0 0 Reg Svcs: (325) 673-2559 0 0	ICF/IID: 6 ICF/IID ICF/IID: 6	GRACE RESIDENTIAL ENTERPRISES 14504 COMANS RD ABILENE TX PHONE: (512) 426-7618 PROGRAM TYPE: ICF/IID License Exp Dt: 04/05/2018 Owner Information LOVE & CARE RESIDENTIAL SERVICES 1317 LAWYER'S LANE ABILENE TX PHONE: (325) 673-2559	APT 1204 79602 FAX: SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE LLC 79602 FAX: (325) 673-2559 SERVICE TYPE PRIVATELY OWNED
Facility Information: LEA FARMS RESIDENCE 1318 PIEDMONT ABILENE Phone (325) 673-3397 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TAYLOR Facility Information: LOVE & CARE RESIDENTIAL 1317 LAWYERS LN ABILENE Phone (325) 673-2559 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TAYLOR	TX Facility ID: SERVICES LLI	79601	(325) 673-3397 0 0 0 Reg Svcs: (325) 673-2559 0	ICF/IID: 6	GRACE RESIDENTIAL ENTERPRISES 14504 COMANS RD ABILENE TX PHONE: (512) 426-7618 PROGRAM TYPE: ICF/IID License Exp Dt: 04/05/2018 Owner Information LOVE & CARE RESIDENTIAL SERVICES 1317 LAWYER'S LANE ABILENE TX PHONE: (325) 673-2559 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017	,APT 1204 79602 FAX: SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE LLC 79602 FAX: (325) 673-2559
Facility Information: LEA FARMS RESIDENCE 1318 PIEDMONT ABILENE Phone (325) 673-3397 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TAYLOR Facility Information: LOVE & CARE RESIDENTIAL 1317 LAWYERS LN ABILENE Phone (325) 673-2559 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TAYLOR Facility Information:	TX Facility ID: SERVICES LL	79601	(325) 673-3397 0 0 0 Reg Svcs: (325) 673-2559 0 0	ICF/IID: 6 ICF/IID ICF/IID: 6	GRACE RESIDENTIAL ENTERPRISES 14504 COMANS RD ABILENE TX PHONE: (512) 426-7618 PROGRAM TYPE: ICF/IID License Exp Dt: 04/05/2018 Owner Information LOVE & CARE RESIDENTIAL SERVICES 1317 LAWYER'S LANE ABILENE TX PHONE: (325) 673-2559 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017	APT 1204 79602 FAX: SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE LLC 79602 FAX: (325) 673-2559 SERVICE TYPE PRIVATELY OWNED
Facility Information: LEA FARMS RESIDENCE 1318 PIEDMONT ABILENE Phone (325) 673-3397 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TAYLOR Facility Information: LOVE & CARE RESIDENTIAL 1317 LAWYERS LN ABILENE Phone (325) 673-2559 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TAYLOR Facility Information: MESQUITE VILLA 2234 A AMY LYN AVE	Facility ID: TX Facility ID:	79601	(325) 673-3397 0 0 0 Reg Svcs: (325) 673-2559 0 0	ICF/IID: 6 ICF/IID ICF/IID: 6	GRACE RESIDENTIAL ENTERPRISES 14504 COMANS RD ABILENE TX PHONE: (512) 426-7618 PROGRAM TYPE: ICF/IID License Exp Dt: 04/05/2018 Owner Information LOVE & CARE RESIDENTIAL SERVICES 1317 LAWYER'S LANE ABILENE TX PHONE: (325) 673-2559 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017	APT 1204 79602 FAX: SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE LLC 79602 FAX: (325) 673-2559 SERVICE TYPE PRIVATELY OWNED
Facility Information: LEA FARMS RESIDENCE 1318 PIEDMONT ABILENE Phone (325) 673-3397 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TAYLOR Facility Information: LOVE & CARE RESIDENTIAL 1317 LAWYERS LN ABILENE Phone (325) 673-2559 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TAYLOR Facility Information: MESQUITE VILLA 2234 A AMY LYN AVE ABILENE	TX Facility ID: SERVICES LLI	79601	(325) 673-3397 0 0 0 Reg Svcs: (325) 673-2559 0 0 0	ICF/IID: 6 ICF/IID ICF/IID: 6	GRACE RESIDENTIAL ENTERPRISES 14504 COMANS RD ABILENE TX PHONE: (512) 426-7618 PROGRAM TYPE: ICF/IID License Exp Dt: 04/05/2018 Owner Information LOVE & CARE RESIDENTIAL SERVICES 1317 LAWYER'S LANE ABILENE TX PHONE: (325) 673-2559 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP	APT 1204 79602 FAX: SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE LLC 79602 FAX: (325) 673-2559 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE
Facility Information: LEA FARMS RESIDENCE 1318 PIEDMONT ABILENE Phone (325) 673-3397 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TAYLOR Facility Information: LOVE & CARE RESIDENTIAL 1317 LAWYERS LN ABILENE Phone (325) 673-2559 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TAYLOR Facility Information: MESQUITE VILLA 2234 A AMY LYN AVE ABILENE Phone (325) 676-5662	Facility ID: TX Facility ID:	79601	(325) 673-3397 0 0 0 Reg Svcs: (325) 673-2559 0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID: 6 ICF/IID	GRACE RESIDENTIAL ENTERPRISES 14504 COMANS RD ABILENE TX PHONE: (512) 426-7618 PROGRAM TYPE: ICF/IID License Exp Dt: 04/05/2018 Owner Information LOVE & CARE RESIDENTIAL SERVICES 1317 LAWYER'S LANE ABILENE TX PHONE: (325) 673-2559 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY	,APT 1204 79602 FAX: SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE LLC 79602 FAX: (325) 673-2559 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE ,BLDG 1 STE 1300
Facility Information: LEA FARMS RESIDENCE 1318 PIEDMONT ABILENE Phone (325) 673-3397 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TAYLOR Facility Information: LOVE & CARE RESIDENTIAL 1317 LAWYERS LN ABILENE Phone (325) 673-2559 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TAYLOR Facility Information: MESQUITE VILLA 2234 A AMY LYN AVE ABILENE Phone (325) 676-5662 TOTAL Lic Capacity: 0	Facility ID: TX Facility ID:	79601	(325) 673-3397 0 0 0 Reg Svcs: (325) 673-2559 0 0 0 Reg Svcs: (512) 327-5355	ICF/IID: 6 ICF/IID ICF/IID: 6	GRACE RESIDENTIAL ENTERPRISES 14504 COMANS RD ABILENE TX PHONE: (512) 426-7618 PROGRAM TYPE: ICF/IID License Exp Dt: 04/05/2018 Owner Information LOVE & CARE RESIDENTIAL SERVICES 1317 LAWYER'S LANE ABILENE TX PHONE: (325) 673-2559 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325	APT 1204 79602 FAX: SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE LLC 79602 FAX: (325) 673-2559 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE ,BLDG 1 STE 1300 78759 FAX: (512) 327-5355
Facility Information: LEA FARMS RESIDENCE 1318 PIEDMONT ABILENE Phone (325) 673-3397 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TAYLOR Facility Information: LOVE & CARE RESIDENTIAL 1317 LAWYERS LN ABILENE Phone (325) 673-2559 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TAYLOR Facility Information: MESQUITE VILLA 2234 A AMY LYN AVE ABILENE Phone (325) 676-5662	Facility ID: TX Facility ID:	79601	(325) 673-3397 0 0 0 Reg Svcs: (325) 673-2559 0 0 0 Reg Svcs: (512) 327-5355 0 0	ICF/IID: 6 ICF/IID: 6 ICF/IID	GRACE RESIDENTIAL ENTERPRISES 14504 COMANS RD ABILENE TX PHONE: (512) 426-7618 PROGRAM TYPE: ICF/IID License Exp Dt: 04/05/2018 Owner Information LOVE & CARE RESIDENTIAL SERVICES 1317 LAWYER'S LANE ABILENE TX PHONE: (325) 673-2559 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX	,APT 1204 79602 FAX: SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE FLLC 79602 FAX: (325) 673-2559 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE ,BLDG 1 STE 1300 78759

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Facility Information: Facility ID: 007814 Owner Information NORTH 9TH HOUSE DISABILITY RESOURCES INC 4210 N 9TH 3602 N. CLACK ST. ABILENE TX 79603 Phone (325) 677-5026 Fax TOTAL Lic Capacity: 0 TITLE 18: 0 Cert Alzh Capacity: 0 TITLE 19: 0 Control of the properties	
4210 N 9TH ABILENE TX 79603 Phone (325) 677-5026 Fax TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6 3602 N. CLACK ST. ABILENE TX 79601 PHONE: (325) 336-3670 FAX: (325) 673-7	
ABILENE TX 79603 Phone (325) 677-5026 Fax TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6 PHONE: (325) 336-3670 FAX: (325) 673-7	
Phone (325) 677-5026 Fax ABILENE TX 79601 TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6	
TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6	
DDOCDAM TYDE, 105/11D SEDVICE TYDE DDIVATELY	829
	OWNED
PRIVATE Beds: 0 TITLE 18/19: 0 License Exp Dt: 11/04/2017	
County TAYLOR Reg Svcs: ICF/IID Region 02 - ABILENE	
Facility Information: Facility ID: 007298 Owner Information	
NORTH WILLIS SOMA RESOURCES INC	
1855 N WILLIS ST 2449 S WILLIS ,STE 201	
ABILENE TX 79603 Phone (325) 673-8837 Fax (325) 695-2707 ABILENE TX 79605	
PHONE: (325) 695-7860 FAX: (325) 695-	707
TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6 Cert Alzh Capacity: 0 TITLE19: 0 PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY	OWNED
PRIVATE Beds: 0 TITLE 18/19: 0 License Exp Dt: 06/01/2018	
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County TAYLOR Reg Svcs: ICF/IID Region 02 - ABILENE Facility Information: Facility ID: 106671 Owner Information	
Facility Information: Facility ID: 106671 Owner Information ORSBURN HOUSE DISABILITY RESOURCES INC	
3258 VARNER LANE 3602 N. CLACK ST.	
ABILENE TX 79601 ABILENE TX 79601	
Phone (325) 669-3670	829
TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6	
Cert Aizh Capacity. 0 III E19. 0	OWNED
PRIVATE Beds: 0 TITLE 18/19: 0 License Exp Dt: 12/13/2018	
County TAYLOR Reg Svcs: ICF/IID Region 02 - ABILENE	
Facility Information: Facility ID: 007386 Owner Information	
Facility Information: Facility ID: 007386 OVER STREET SOMA RESOURCES INC	
Facility Information: Facility ID: 007386 Owner Information OVER STREET SOMA RESOURCES INC 3190 OVER ST 2449 S WILLIS ,STE 201	
Facility Information: Facility ID: 007386 Owner Information OVER STREET SOMA RESOURCES INC 3190 OVER ST 2449 S WILLIS ,STE 201 ABILENE TX 79605 Phone (325) 691-0906 Fax (325) 695-2707 ABILENE TX 79605	707
Facility Information: Facility ID: 007386 Owner Information OVER STREET SOMA RESOURCES INC 3190 OVER ST 2449 S WILLIS STE 201 ABILENE TX 79605 ABILENE TX 79605 Phone (325) 691-0906 Fax (325) 695-2707 PHONE: (325) 695-7860 FAX: (325) 695-7860	
Facility Information: Facility ID: 007386 Owner Information OVER STREET SOMA RESOURCES INC 3190 OVER ST 2449 S WILLIS STE 201 ABILENE TX 79605 Phone (325) 691-0906 Fax (325) 695-2707 PHONE: (325) 695-7860 FAX: (325) 695-7860	
Facility Information: Facility ID: 007386 Owner Information OVER STREET SOMA RESOURCES INC 3190 OVER ST 2449 S WILLIS STE 201 ABILENE TX 79605 Phone (325) 691-0906 Fax (325) 695-2707 ABILENE TX 79605 TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6 PHONE: (325) 695-7860 FAX: (325) 695-7860	
Facility Information: Facility ID: 007386 Owner Information: Owner Information: <td></td>	
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Facility Information: Facility ID: 007386	OWNED 285 OWNED
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County TAYLOR			Reg Svcs:	ICF/IID		Region 02 - ABILENE
Facility Information:	Facility ID:	007251			Owner Information	
ROYAL COURT					SOMA RESOURCES INC	
4601 ROYAL CT ABILENE	TX	79605			2449 S WILLIS	,STE 201
Phone (325) 695-7860		Fax	(325) 695-2707		ABILENE TX	79605
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (325) 695-7860	FAX : (325) 695-2707
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 06/01/2018	
County TAYLOR			Reg Svcs:	ICF/IID		Region 02 - ABILENE
Facility Information:	Facility ID:	007254			Owner Information	
STEPPING STONES RESIDER 965 WASHINGTON BLVD	NTIAL RESOU	RCES			HILL RESOURCES II INC	
ABILENE	TX	79601			1071 N JUDGE ELY BLVD	,# 6424 70604
Phone (325) 673-3346		Fax	(325) 794-0023		ABILENE TX	79601
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (325) 673-3346	FAX : (325) 794-0023
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 12/01/2017	
County TAYLOR			Reg Svcs:	ICF/IID		Region 02 - ABILENE
Facility Information:	Facility ID:	007578			Owner Information	
WOODRIDGE					SOMA RESOURCES INC	
3410 WOODRIDGE ST ABILENE	TX	79605			2449 S WILLIS	,STE 201
Phone (325) 692-6800		Fax	(325) 695-2707		ABILENE TX	79605
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (325) 695-7860	FAX : (325) 695-2707
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 06/01/2018	
County TITUS			Reg Svcs:	ICF/IID TEAM		Region 04 - TYLER
Facility Information:	Facility ID:	007517	Reg Svcs:	ICF/IID TEAM	Owner Information	Region 04 - TYLER
Facility Information: PLEASANT LIVING INC	Facility ID:	007517	Reg Svcs:	ICF/IID TEAM	PLEASANT LIVING INC	Region 04 - TYLER
Facility Information:	Facility ID:	007517 75455	Reg Svcs:	ICF/IID TEAM	PLEASANT LIVING INC 2003 HAPPY STREET	v
Facility Information: PLEASANT LIVING INC 2003 HAPPY ST	·		Reg Svcs: (903) 572-6403	ICF/IID TEAM	PLEASANT LIVING INC 2003 HAPPY STREET MOUNT PLEASANT TX	75456
Facility Information: PLEASANT LIVING INC 2003 HAPPY ST MOUNT PLEASANT	·	75455	(903) 572-6403	ICF/IID TEAM ICF/IID: 6	PLEASANT LIVING INC 2003 HAPPY STREET MOUNT PLEASANT TX PHONE: (903) 572-6402	75456 FAX: (903) 572-6403
Facility Information: PLEASANT LIVING INC 2003 HAPPY ST MOUNT PLEASANT Phone (903) 572-6402	·	75455 Fax	(903) 572-6403 0		PLEASANT LIVING INC 2003 HAPPY STREET MOUNT PLEASANT TX	75456
Facility Information: PLEASANT LIVING INC 2003 HAPPY ST MOUNT PLEASANT Phone (903) 572-6402 TOTAL Lic Capacity: 0	·	75455 Fax TITLE 18:	(903) 572-6403 0		PLEASANT LIVING INC 2003 HAPPY STREET MOUNT PLEASANT TX PHONE: (903) 572-6402	75456 FAX: (903) 572-6403
Facility Information: PLEASANT LIVING INC 2003 HAPPY ST MOUNT PLEASANT Phone (903) 572-6402 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	75455 Fax TITLE 18: TITLE19:	(903) 572-6403 0		PLEASANT LIVING INC 2003 HAPPY STREET MOUNT PLEASANT TX PHONE: (903) 572-6402 PROGRAM TYPE: ICF/IID	75456 FAX: (903) 572-6403
Facility Information: PLEASANT LIVING INC 2003 HAPPY ST MOUNT PLEASANT Phone (903) 572-6402 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information:	TX Facility ID:	75455 Fax TITLE 18: TITLE19: TITLE 18/19:	(903) 572-6403 0 0	ICF/IID: 6	PLEASANT LIVING INC 2003 HAPPY STREET MOUNT PLEASANT TX PHONE: (903) 572-6402 PROGRAM TYPE: ICF/IID License Exp Dt: 05/01/2018 Owner Information	75456 FAX: (903) 572-6403 SERVICE TYPE PRIVATELY OWNED
Facility Information: PLEASANT LIVING INC 2003 HAPPY ST MOUNT PLEASANT Phone (903) 572-6402 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: SAN ANGELO STATE SUPPO	TX Facility ID:	75455 Fax TITLE 18: TITLE19: TITLE 18/19:	(903) 572-6403 0 0	ICF/IID: 6	PLEASANT LIVING INC 2003 HAPPY STREET MOUNT PLEASANT TX PHONE: (903) 572-6402 PROGRAM TYPE: ICF/IID License Exp Dt: 05/01/2018 Owner Information DADS	75456 FAX: (903) 572-6403 SERVICE TYPE PRIVATELY OWNED
Facility Information: PLEASANT LIVING INC 2003 HAPPY ST MOUNT PLEASANT Phone (903) 572-6402 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information:	TX Facility ID:	75455 Fax TITLE 18: TITLE19: TITLE 18/19:	(903) 572-6403 0 0	ICF/IID: 6	PLEASANT LIVING INC 2003 HAPPY STREET MOUNT PLEASANT TX PHONE: (903) 572-6402 PROGRAM TYPE: ICF/IID License Exp Dt: 05/01/2018 Owner Information DADS PO BOX 12668	75456 FAX: (903) 572-6403 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE
Facility Information: PLEASANT LIVING INC 2003 HAPPY ST MOUNT PLEASANT Phone (903) 572-6402 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: SAN ANGELO STATE SUPPORTION	TX Facility ID: RTED LIVING	75455 Fax TITLE 18: TITLE19: TITLE 18/19: 007108 CENTER	(903) 572-6403 0 0	ICF/IID: 6	PLEASANT LIVING INC 2003 HAPPY STREET MOUNT PLEASANT TX PHONE: (903) 572-6402 PROGRAM TYPE: ICF/IID License Exp Dt: 05/01/2018 Owner Information DADS PO BOX 12668 AUSTIN TX	75456 FAX: (903) 572-6403 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE 78711
Facility Information: PLEASANT LIVING INC 2003 HAPPY ST MOUNT PLEASANT Phone (903) 572-6402 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: SAN ANGELO STATE SUPPORTING	TX Facility ID: RTED LIVING	75455	(903) 572-6403 0 0 0 Reg Svcs:	ICF/IID: 6	PLEASANT LIVING INC 2003 HAPPY STREET MOUNT PLEASANT TX PHONE: (903) 572-6402 PROGRAM TYPE: ICF/IID License Exp Dt: 05/01/2018 Owner Information DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761	75456 FAX: (903) 572-6403 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE 78711 FAX:
Facility Information: PLEASANT LIVING INC 2003 HAPPY ST MOUNT PLEASANT Phone (903) 572-6402 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: SAN ANGELO STATE SUPPOHIGHWAY 87 CARLSBAD Phone (325) 465-4391	TX Facility ID: RTED LIVING	75455 Fax TITLE 18: TITLE 19: TITLE 18/19: 007108 CENTER 76934 Fax	(903) 572-6403 0 0 0 Reg Svcs:	ICF/IID: 6	PLEASANT LIVING INC 2003 HAPPY STREET MOUNT PLEASANT TX PHONE: (903) 572-6402 PROGRAM TYPE: ICF/IID License Exp Dt: 05/01/2018 Owner Information DADS PO BOX 12668 AUSTIN TX	75456 FAX: (903) 572-6403 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE 78711
Facility Information: PLEASANT LIVING INC 2003 HAPPY ST MOUNT PLEASANT Phone (903) 572-6402 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: SAN ANGELO STATE SUPPOHIGHWAY 87 CARLSBAD Phone (325) 465-4391 TOTAL Lic Capacity: 0	TX Facility ID: RTED LIVING	75455 Fax TITLE 18: TITLE 19: TITLE 18/19: 007108 CENTER 76934 Fax TITLE 18:	(903) 572-6403 0 0 0 Reg Svcs: (325) 465-2135 0	ICF/IID: 6	PLEASANT LIVING INC 2003 HAPPY STREET MOUNT PLEASANT TX PHONE: (903) 572-6402 PROGRAM TYPE: ICF/IID License Exp Dt: 05/01/2018 Owner Information DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761	75456 FAX: (903) 572-6403 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE 78711 FAX: SERVICE TYPE STATE SCHOOL/STATE
Facility Information: PLEASANT LIVING INC 2003 HAPPY ST MOUNT PLEASANT Phone (903) 572-6402 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: SAN ANGELO STATE SUPPOHIGHWAY 87 CARLSBAD Phone (325) 465-4391 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID: RTED LIVING	75455 Fax TITLE 18: TITLE 19: TITLE 18/19: 007108 CENTER 76934 Fax TITLE 18: TITLE 19:	(903) 572-6403 0 0 0 Reg Svcs: (325) 465-2135 0	ICF/IID: 6	PLEASANT LIVING INC 2003 HAPPY STREET MOUNT PLEASANT TX PHONE: (903) 572-6402 PROGRAM TYPE: ICF/IID License Exp Dt: 05/01/2018 Owner Information DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID	75456 FAX: (903) 572-6403 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE 78711 FAX: SERVICE TYPE STATE SCHOOL/STATE
Facility Information: PLEASANT LIVING INC 2003 HAPPY ST MOUNT PLEASANT Phone (903) 572-6402 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: SAN ANGELO STATE SUPPOHIGHWAY 87 CARLSBAD Phone (325) 465-4391 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID: RTED LIVING	75455 Fax TITLE 18: TITLE 19: TITLE 18/19: 007108 CENTER 76934 Fax TITLE 18: TITLE 19:	(903) 572-6403 0 0 0 Reg Svcs: (325) 465-2135 0 0	ICF/IID: 6 ICF/IID	PLEASANT LIVING INC 2003 HAPPY STREET MOUNT PLEASANT TX PHONE: (903) 572-6402 PROGRAM TYPE: ICF/IID License Exp Dt: 05/01/2018 Owner Information DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID	75456 FAX: (903) 572-6403 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE 78711 FAX: SERVICE TYPE STATE SCHOOL/STATE CENTER
Facility Information: PLEASANT LIVING INC 2003 HAPPY ST MOUNT PLEASANT Phone (903) 572-6402 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: SAN ANGELO STATE SUPPOHIGHWAY 87 CARLSBAD Phone (325) 465-4391 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: BUUEBONNET HOMES 1	TX Facility ID: RTED LIVING TX	75455 Fax TITLE 18: TITLE19: TITLE 18/19: 007108 CENTER 76934 Fax TITLE 18: TITLE 18: TITLE 19:	(903) 572-6403 0 0 0 Reg Svcs: (325) 465-2135 0 0	ICF/IID: 6 ICF/IID	PLEASANT LIVING INC 2003 HAPPY STREET MOUNT PLEASANT TX PHONE: (903) 572-6402 PROGRAM TYPE: ICF/IID License Exp Dt: 05/01/2018 Owner Information DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt:	75456 FAX: (903) 572-6403 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE 78711 FAX: SERVICE TYPE STATE SCHOOL/STATE CENTER
Facility Information: PLEASANT LIVING INC 2003 HAPPY ST MOUNT PLEASANT Phone (903) 572-6402 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: SAN ANGELO STATE SUPPOHIGHWAY 87 CARLSBAD Phone (325) 465-4391 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: BLUEBONNET HOMES 1 1822 CORDELL	TX Facility ID: RTED LIVING TX	75455	(903) 572-6403 0 0 0 Reg Svcs: (325) 465-2135 0 0	ICF/IID: 6 ICF/IID	PLEASANT LIVING INC 2003 HAPPY STREET MOUNT PLEASANT TX PHONE: (903) 572-6402 PROGRAM TYPE: ICF/IID License Exp Dt: 05/01/2018 Owner Information DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information BLUEBONNET HOMES INC 128 S MAGDALEN	75456 FAX: (903) 572-6403 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE 78711 FAX: SERVICE TYPE STATE SCHOOL/STATE CENTER Region 09 - ABILENE
Facility Information: PLEASANT LIVING INC 2003 HAPPY ST MOUNT PLEASANT Phone (903) 572-6402 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: SAN ANGELO STATE SUPPOHIGHWAY 87 CARLSBAD Phone (325) 465-4391 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: BUUEBONNET HOMES 1	Facility ID: TX Facility ID:	75455 Fax TITLE 18: TITLE19: TITLE 18/19: 007108 CENTER 76934 Fax TITLE 18: TITLE 18: TITLE 19:	(903) 572-6403 0 0 0 Reg Svcs: (325) 465-2135 0 0	ICF/IID: 6 ICF/IID	PLEASANT LIVING INC 2003 HAPPY STREET MOUNT PLEASANT TX PHONE: (903) 572-6402 PROGRAM TYPE: ICF/IID License Exp Dt: 05/01/2018 Owner Information DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information BLUEBONNET HOMES INC	75456 FAX: (903) 572-6403 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE 78711 FAX: SERVICE TYPE STATE SCHOOL/STATE CENTER
Facility Information: PLEASANT LIVING INC 2003 HAPPY ST MOUNT PLEASANT Phone (903) 572-6402 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: SAN ANGELO STATE SUPPO HIGHWAY 87 CARLSBAD Phone (325) 465-4391 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: BLUEBONNET HOMES 1 1822 CORDELL SAN ANGELO Phone (325) 944-4374	Facility ID: TX Facility ID:	75455 Fax TITLE 18: TITLE 19: TITLE 18/19: 007108 CENTER 76934 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	(903) 572-6403 0 0 0 Reg Svcs: (325) 465-2135 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID	PLEASANT LIVING INC 2003 HAPPY STREET MOUNT PLEASANT TX PHONE: (903) 572-6402 PROGRAM TYPE: ICF/IID License Exp Dt: 05/01/2018 Owner Information DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information BLUEBONNET HOMES INC 128 S MAGDALEN	75456 FAX: (903) 572-6403 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE 78711 FAX: SERVICE TYPE STATE SCHOOL/STATE CENTER Region 09 - ABILENE
Facility Information: PLEASANT LIVING INC 2003 HAPPY ST MOUNT PLEASANT Phone (903) 572-6402 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: SAN ANGELO STATE SUPPOHIGHWAY 87 CARLSBAD Phone (325) 465-4391 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: BLUEBONNET HOMES 1 1822 CORDELL SAN ANGELO	Facility ID: TX Facility ID:	75455	(903) 572-6403 0 0 0 Reg Svcs: (325) 465-2135 0 0 Reg Svcs: (325) 659-3769 0	ICF/IID: 6 ICF/IID: 375 ICF/IID	PLEASANT LIVING INC 2003 HAPPY STREET MOUNT PLEASANT TX PHONE: (903) 572-6402 PROGRAM TYPE: ICF/IID License Exp Dt: 05/01/2018 Owner Information DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information BLUEBONNET HOMES INC 128 S MAGDALEN SAN ANGELO TX	75456 FAX: (903) 572-6403 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE 78711 FAX: SERVICE TYPE STATE SCHOOL/STATE CENTER Region 09 - ABILENE 76903

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County TOM CREEN			Pog Syes:	ICE/IID		Pagion 00 APII ENE
County TOM GREEN Facility Information:	Facility ID:	007357	Reg Svcs:	ICF/IID	Owner Information	Region 09 - ABILENE
BLUEBONNET HOMES 2	i donity iD.	001001			BLUEBONNET HOMES INC	
236 WESTWOOD					128 S MAGDALEN	
SAN ANGELO	TX	76901			SAN ANGELO TX	76903
Phone (325) 947-1300		Fax	(325) 659-3769		PHONE: (325) 658-6664	FAX: (325) 659-3769
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:				SERVICE TIPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/22/2018	
County TOM GREEN			Reg Svcs:	ICF/IID		Region 09 - ABILENE
Facility Information:	Facility ID:	007358			Owner Information	
BLUEBONNET HOMES 3					BLUEBONNET HOMES INC	
1135 E 25TH SAN ANGELO	TX	76903			128 S MAGDALEN	
Phone (325) 658-6664		Fax	(325) 659-3769		SAN ANGELO TX	76903
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (325) 658-6664	FAX: (325) 659-3769
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/23/2018	
0 1 704 00554			D 0	IOE/IID	<u> </u>	D : 00 ADU ENE
County TOM GREEN Facility Information:	Facility ID:	007401	Reg Svcs:	ICF/IID	Owner Information	Region 09 - ABILENE
CAPITAL HEIGHTS HOME	racility ib.	007401			D & S RESIDENTIAL SERVICES LP	
1706 IDAHO					8911 N CAPITAL OF TX HWY	,BLDG 1 STE 1300
SAN ANGELO	TX	76904			AUSTIN TX	78759
Phone (325) 944-4096		Fax	(512) 327-5355		PHONE: (512) 327-2325	FAX: (512) 327-5355
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	(3)	,
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 12/01/2017	
					·	
County TOM GREEN			Reg Svcs:	ICF/IID	·	Region 09 - ABILENE
County TOM GREEN Facility Information:	Facility ID:	007235	Reg Svcs:	ICF/IID	Owner Information	Region 09 - ABILENE
Facility Information: CASA DE CONCHO	Facility ID:	007235	Reg Svcs:	ICF/IID	Owner Information D & S RESIDENTIAL SERVICES LP	Region 09 - ABILENE
Facility Information:	Facility ID:	007235 76903	Reg Svcs:	ICF/IID	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY	,BLDG 1 STE 1300
Facility Information: CASA DE CONCHO 2706 WATSON	·		Reg Svcs:	ICF/IID	D & S RESIDENTIAL SERVICES LP	·
Facility Information: CASA DE CONCHO 2706 WATSON SAN ANGELO	·	76903	(512) 327-5355	ICF/IID ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY	,BLDG 1 STE 1300
Facility Information: CASA DE CONCHO 2706 WATSON SAN ANGELO Phone (325) 658-1957	·	76903 Fax	(512) 327-5355 0		D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX	,BLDG 1 STE 1300 78759
Facility Information: CASA DE CONCHO 2706 WATSON SAN ANGELO Phone (325) 658-1957 TOTAL Lic Capacity: 0	·	76903 Fax TITLE 18:	(512) 327-5355 0 0		D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355
Facility Information: CASA DE CONCHO 2706 WATSON SAN ANGELO Phone (325) 658-1957 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	76903 Fax TITLE 18: TITLE19:	(512) 327-5355 0 0	ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED
Facility Information: CASA DE CONCHO 2706 WATSON SAN ANGELO Phone (325) 658-1957 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN	тх	76903 Fax TITLE 18: TITLE19: TITLE 18/19:	(512) 327-5355 0 0		D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355
Facility Information: CASA DE CONCHO 2706 WATSON SAN ANGELO Phone (325) 658-1957 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	76903 Fax TITLE 18: TITLE19:	(512) 327-5355 0 0	ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED
Facility Information: CASA DE CONCHO 2706 WATSON SAN ANGELO Phone (325) 658-1957 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: CASA DE MIMOSA 1041 E 44TH ST	TX Facility ID:	76903 Fax TITLE 18: TITLE19: TITLE 18/19:	(512) 327-5355 0 0	ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED
Facility Information: CASA DE CONCHO 2706 WATSON SAN ANGELO Phone (325) 658-1957 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: CASA DE MIMOSA 1041 E 44TH ST SAN ANGELO	тх	76903 Fax TITLE 18: TITLE19: TITLE 18/19: 003632 76903	(512) 327-5355 0 0 0 Reg Svcs:	ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE
Facility Information: CASA DE CONCHO 2706 WATSON SAN ANGELO Phone (325) 658-1957 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: CASA DE MIMOSA 1041 E 44TH ST SAN ANGELO Phone (325) 653-5962	TX Facility ID:	76903	(512) 327-5355 0 0 0 Reg Svcs:	ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE ,BLDG 1 STE 1300
Facility Information: CASA DE CONCHO 2706 WATSON SAN ANGELO Phone (325) 658-1957 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: CASA DE MIMOSA 1041 E 44TH ST SAN ANGELO Phone (325) 653-5962 TOTAL Lic Capacity: 0	TX Facility ID:	76903	(512) 327-5355 0 0 0 Reg Svcs: (512) 327-5355	ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE ,BLDG 1 STE 1300 78759 FAX: (512) 327-5355
Facility Information: CASA DE CONCHO 2706 WATSON SAN ANGELO Phone (325) 658-1957 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: CASA DE MIMOSA 1041 E 44TH ST SAN ANGELO Phone (325) 653-5962 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	76903	(512) 327-5355 0 0 0 Reg Svcs: (512) 327-5355 0	ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE ,BLDG 1 STE 1300 78759
Facility Information: CASA DE CONCHO 2706 WATSON SAN ANGELO Phone (325) 658-1957 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: CASA DE MIMOSA 1041 E 44TH ST SAN ANGELO Phone (325) 653-5962 TOTAL Lic Capacity: 0	TX Facility ID:	76903	(512) 327-5355 0 0 0 Reg Svcs: (512) 327-5355 0	ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE ,BLDG 1 STE 1300 78759 FAX: (512) 327-5355
Facility Information: CASA DE CONCHO 2706 WATSON SAN ANGELO Phone (325) 658-1957 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: CASA DE MIMOSA 1041 E 44TH ST SAN ANGELO Phone (325) 653-5962 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN	TX Facility ID:	76903	(512) 327-5355 0 0 0 Reg Svcs: (512) 327-5355 0	ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 01/07/2018	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE ,BLDG 1 STE 1300 78759 FAX: (512) 327-5355
Facility Information: CASA DE CONCHO 2706 WATSON SAN ANGELO Phone (325) 658-1957 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: CASA DE MIMOSA 1041 E 44TH ST SAN ANGELO Phone (325) 653-5962 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN	TX Facility ID:	76903	(512) 327-5355 0 0 0 Reg Svcs: (512) 327-5355 0 0	ICF/IID: 6 ICF/IID ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 01/07/2018	,BLDG 1 STE 1300
Facility Information: CASA DE CONCHO 2706 WATSON SAN ANGELO Phone (325) 658-1957 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: CASA DE MIMOSA 1041 E 44TH ST SAN ANGELO Phone (325) 653-5962 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN County TOM GREEN Facility Information: CASA DE TOM GREEN COUNTY TOM GREEN Facility Information: CASA DE TRES RIOS	TX Facility ID:	76903	(512) 327-5355 0 0 0 Reg Svcs: (512) 327-5355 0 0	ICF/IID: 6 ICF/IID ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 01/07/2018 Owner Information D & S RESIDENTIAL SERVICES LP	,BLDG 1 STE 1300
Facility Information: CASA DE CONCHO 2706 WATSON SAN ANGELO Phone (325) 658-1957 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: CASA DE MIMOSA 1041 E 44TH ST SAN ANGELO Phone (325) 653-5962 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN	TX Facility ID:	76903	(512) 327-5355 0 0 0 Reg Svcs: (512) 327-5355 0 0	ICF/IID: 6 ICF/IID ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 01/07/2018 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY	,BLDG 1 STE 1300
Facility Information: CASA DE CONCHO 2706 WATSON SAN ANGELO Phone (325) 658-1957 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: CASA DE MIMOSA 1041 E 44TH ST SAN ANGELO Phone (325) 653-5962 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: CASA DE TOTAL Lic Capacity: 0 County TOM GREEN Facility Information: CASA DE TRES RIOS 1342 TRES RIOS	TX Facility ID: TX Facility ID:	76903	(512) 327-5355 0 0 0 Reg Svcs: (512) 327-5355 0 0	ICF/IID: 6 ICF/IID ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 01/07/2018 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX AUSTIN TX Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX	,BLDG 1 STE 1300
Facility Information: CASA DE CONCHO 2706 WATSON SAN ANGELO Phone (325) 658-1957 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: CASA DE MIMOSA 1041 E 44TH ST SAN ANGELO Phone (325) 653-5962 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: CASA DE TOTAL Lic Capacity: 0 County TOM GREEN Facility Information: CASA DE TRES RIOS 1342 TRES RIOS SAN ANGELO	TX Facility ID: TX Facility ID:	76903	(512) 327-5355 0 0 0 Reg Svcs: (512) 327-5355 0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 01/07/2018 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY	,BLDG 1 STE 1300
Facility Information: CASA DE CONCHO 2706 WATSON SAN ANGELO Phone (325) 658-1957 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: CASA DE MIMOSA 1041 E 44TH ST SAN ANGELO Phone (325) 653-5962 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: CASA DE TOM GREEN Facility Information: CASA DE TOM GREEN Facility Information: CASA DE TRES RIOS 1342 TRES RIOS SAN ANGELO Phone (325) 651-6723	TX Facility ID: TX Facility ID:	76903	(512) 327-5355 0 0 0 Reg Svcs: (512) 327-5355 0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID: 6 ICF/IID	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 01/07/2018 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX AUSTIN TX Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX	,BLDG 1 STE 1300
Facility Information: CASA DE CONCHO 2706 WATSON SAN ANGELO Phone (325) 658-1957 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: CASA DE MIMOSA 1041 E 44TH ST SAN ANGELO Phone (325) 653-5962 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: CASA DE TRES RIOS 1342 TRES RIOS SAN ANGELO Phone (325) 651-6723 TOTAL Lic Capacity: 0	TX Facility ID: TX Facility ID:	76903	(512) 327-5355 0 0 0 Reg Svcs: (512) 327-5355 0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID: 6 ICF/IID	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 01/07/2018 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325	,BLDG 1 STE 1300

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County TOM GREEN			Reg Svcs:	ICF/IID		Region 09 - ABILENE
•	Facility ID:	007582			Owner Information	
D&S TERRACE PLACE					D & S RESIDENTIAL SERVICES LP	
42 TERRACE DR SAN ANGELO	TX	76905			8911 N CAPITAL OF TX HWY	,BLDG 1 STE 1300
Phone (325) 651-9383	IX.	Fax	(512) 327-5355		AUSTIN TX	78759
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (512) 327-2325	FAX: (512) 327-5355
Cert Alzh Capacity: 0		TITLE19:		•	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 12/01/2017	
County TOM GREEN			Reg Svcs:	ICF/IID		Region 09 - ABILENE
•	Facility ID:	003995		10171115	Owner Information	00 /1012112
MOSAIC					MOSAIC	
3841 HONEYSUCKLE SAN ANGELO	TX	76904			428 ST ANDREWS DR	
Phone (325) 651-3333	14	Fax	(325) 651-8110		ALLEN TX	75002
TOTAL Lic Capacity: 0		TITLE 18:	, ,	ICF/IID: 6	PHONE : (469) 675-1561	FAX: (469) 675-1562
Cert Alzh Capacity: 0		TITLE 10:		iornib. o	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2017	
County TOM GREEN			Reg Svcs:	ICF/IID	·	Region 09 - ABILENE
•	Facility ID:	003889	Neg 3vcs.	ICI /IID	Owner Information	Region 09 - ABILENE
MOSAIC		00000			MOSAIC	
4801 BERMUDA					428 ST ANDREWS DR	
SAN ANGELO	TX	76904	(205) 654 9440		ALLEN TX	75002
Phone (325) 651-3333		Fax	(325) 651-8110		PHONE : (469) 675-1561	FAX: (469) 675-1562
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0 PRIVATE Beds: 0		TITLE19: TITLE 18/19:			License Exp Dt: 01/01/2017	
PRIVATE DEUS. U						
		11122 10/101	-		21001130 EXP Dt. 01/01/2017	
County TOM GREEN			Reg Svcs:	ICF/IID	·	Region 09 - ABILENE
Facility Information: F	Facility ID:	003945		ICF/IID	Owner Information	Region 09 - ABILENE
•	Facility ID:			ICF/IID	Owner Information MOSAIC	Region 09 - ABILENE
Facility Information: F	Facility ID:			ICF/IID	Owner Information MOSAIC 428 ST ANDREWS DR	·
Facility Information: F MOSAIC 2742 PALO DURO	·	003945		ICF/IID	Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX	75002
Facility Information: F MOSAIC 2742 PALO DURO SAN ANGELO Phone (325) 651-3333 TOTAL Lic Capacity: 0	·	003945 76904 Fax TITLE 18:	Reg Svcs: (325) 651-8110	ICF/IID	Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561	75002 FAX: (469) 675-1562
Facility Information: MOSAIC 2742 PALO DURO SAN ANGELO Phone (325) 651-3333 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	003945 76904 Fax TITLE 18: TITLE19:	Reg Svcs: (325) 651-8110 0		Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID	75002
Facility Information: F MOSAIC 2742 PALO DURO SAN ANGELO Phone (325) 651-3333 TOTAL Lic Capacity: 0	·	003945 76904 Fax TITLE 18:	Reg Svcs: (325) 651-8110 0		Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561	75002 FAX: (469) 675-1562
Facility Information: MOSAIC 2742 PALO DURO SAN ANGELO Phone (325) 651-3333 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	003945 76904 Fax TITLE 18: TITLE19:	Reg Svcs: (325) 651-8110 0		Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID	75002 FAX: (469) 675-1562
Facility Information: MOSAIC 2742 PALO DURO SAN ANGELO Phone (325) 651-3333 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information:	·	003945 76904 Fax TITLE 18: TITLE19:	Reg Svcs: (325) 651-8110 0 0	ICF/IID: 6	Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED
Facility Information: MOSAIC 2742 PALO DURO SAN ANGELO Phone (325) 651-3333 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: MOSAIC	тх	003945 76904 Fax TITLE 18: TITLE 19:	Reg Svcs: (325) 651-8110 0 0	ICF/IID: 6	Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED
Facility Information: MOSAIC 2742 PALO DURO SAN ANGELO Phone (325) 651-3333 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information:	тх	003945 76904 Fax TITLE 18: TITLE 19:	Reg Svcs: (325) 651-8110 0 0	ICF/IID: 6	Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE
Facility Information: MOSAIC 2742 PALO DURO SAN ANGELO Phone (325) 651-3333 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: MOSAIC 165 EDINBURGH	TX Facility ID:	003945 76904 Fax TITLE 18: TITLE 19: TITLE 18/19:	Reg Svcs: (325) 651-8110 0 0	ICF/IID: 6	Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE 75002
Facility Information: MOSAIC 2742 PALO DURO SAN ANGELO Phone (325) 651-3333 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: MOSAIC 165 EDINBURGH SAN ANGELO	TX Facility ID:	003945 76904 Fax TITLE 18: TITLE 18/19: 003916 76904	Reg Svcs: (325) 651-8110 0 0 Reg Svcs:	ICF/IID: 6	Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE 75002 FAX: (469) 675-1562
Facility Information: MOSAIC 2742 PALO DURO SAN ANGELO Phone (325) 651-3333 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: MOSAIC 165 EDINBURGH SAN ANGELO Phone (325) 651-3333	TX Facility ID:	003945 76904 Fax TITLE 18: TITLE 18/19: 003916 76904 Fax	Reg Svcs: (325) 651-8110 0 0 Reg Svcs:	ICF/IID: 6	Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE 75002
Facility Information: MOSAIC 2742 PALO DURO SAN ANGELO Phone (325) 651-3333 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: MOSAIC 165 EDINBURGH SAN ANGELO Phone (325) 651-3333 TOTAL Lic Capacity: 0	TX Facility ID:	003945 76904 Fax TITLE 18: TITLE 18/19: 003916 76904 Fax TITLE 18:	Reg Svcs: (325) 651-8110 0 0 Reg Svcs: (325) 651-8110 0 0	ICF/IID: 6	Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE 75002 FAX: (469) 675-1562
Facility Information: MOSAIC 2742 PALO DURO SAN ANGELO Phone (325) 651-3333 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: MOSAIC 165 EDINBURGH SAN ANGELO Phone (325) 651-3333 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	003945 76904	Reg Svcs: (325) 651-8110 0 0 Reg Svcs: (325) 651-8110 0 0	ICF/IID: 6	Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE 75002 FAX: (469) 675-1562
Facility Information: MOSAIC 2742 PALO DURO SAN ANGELO Phone (325) 651-3333 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: MOSAIC 165 EDINBURGH SAN ANGELO Phone (325) 651-3333 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN	TX Facility ID:	003945 76904	Reg Svcs: (325) 651-8110 0 0 Reg Svcs: (325) 651-8110 0 0 0	ICF/IID: 6 ICF/IID ICF/IID: 6	Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 04/30/2018 Owner Information	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE 75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED
Facility Information: MOSAIC 2742 PALO DURO SAN ANGELO Phone (325) 651-3333 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: MOSAIC 165 EDINBURGH SAN ANGELO Phone (325) 651-3333 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: F	TX Facility ID:	003945 76904 Fax TITLE 18: TITLE 19: TITLE 18/19: 003916 76904 Fax TITLE 18: TITLE 18: TITLE 18: TITLE 18:	Reg Svcs: (325) 651-8110 0 0 Reg Svcs: (325) 651-8110 0 0 0	ICF/IID: 6 ICF/IID ICF/IID: 6	Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 04/30/2018 Owner Information MOSAIC	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE 75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED
Facility Information: MOSAIC 2742 PALO DURO SAN ANGELO Phone (325) 651-3333 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: MOSAIC 165 EDINBURGH SAN ANGELO Phone (325) 651-3333 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: F	TX Facility ID:	003945 76904 Fax TITLE 18: TITLE 19: TITLE 18/19: 003916 76904 Fax TITLE 18: TITLE 18: TITLE 18: TITLE 18:	Reg Svcs: (325) 651-8110 0 0 Reg Svcs: (325) 651-8110 0 0 0	ICF/IID: 6 ICF/IID ICF/IID: 6	Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 04/30/2018 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 04/30/2018	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE 75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE
Facility Information: MOSAIC 2742 PALO DURO SAN ANGELO Phone (325) 651-3333 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: MOSAIC 165 EDINBURGH SAN ANGELO Phone (325) 651-3333 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: F MOSAIC 4829 BERMUDA	TX Facility ID: TX Facility ID:	003945 76904 Fax TITLE 18: TITLE 19: TITLE 18/19: 003916 76904 Fax TITLE 18: TITLE 18: TITLE 18: 007338	Reg Svcs: (325) 651-8110 0 0 Reg Svcs: (325) 651-8110 0 0 0	ICF/IID: 6 ICF/IID ICF/IID: 6	Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 04/30/2018 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE 75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE
Facility Information: MOSAIC 2742 PALO DURO SAN ANGELO Phone (325) 651-3333 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: MOSAIC 165 EDINBURGH SAN ANGELO Phone (325) 651-3333 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: F	TX Facility ID: TX Facility ID:	003945 76904	Reg Svcs: (325) 651-8110 0 0 Reg Svcs: (325) 651-8110 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID ICF/IID: 6	Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 04/30/2018 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 04/30/2018	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE 75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE
Facility Information: MOSAIC 2742 PALO DURO SAN ANGELO Phone (325) 651-3333 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: MOSAIC 165 EDINBURGH SAN ANGELO Phone (325) 651-3333 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: Find Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TOM GREEN Facility Information: Find Capacity: 0 AND GREEN FACILITY Info Capacity: 0 AND GREEN FACILITY	TX Facility ID: TX Facility ID:	003945 76904 Fax TITLE 18: TITLE 18/19: 003916 76904 Fax TITLE 18: TITLE 18: TITLE 19: 007338 76904 Fax	Reg Svcs: (325) 651-8110 0 0 Reg Svcs: (325) 651-8110 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID: 6 ICF/IID	Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX PHONE: (469) 675-1561 PROGRAM TYPE: ICF/IID License Exp Dt: 04/30/2018 Owner Information MOSAIC 428 ST ANDREWS DR ALLEN TX	75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE 75002 FAX: (469) 675-1562 SERVICE TYPE PRIVATELY OWNED Region 09 - ABILENE

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County TOM GREEN			Reg Svcs:	ICF/IID		Region 09 - ABILENE
Facility Information:	Facility ID:	003923	·		Owner Information	•
MOSAIC					MOSAIC	
3221 SOUTHLAND SAN ANGELO	TX	76904			428 ST ANDREWS DR	
Phone (325) 651-3333	.,,	Fax	(325) 651-8110		ALLEN TX	75002
TOTAL Lic Capacity: 0		TITLE 18:	, ,	ICF/IID: 6	PHONE: (469) 675-1561	FAX: (469) 675-1562
Cert Alzh Capacity: 0		TITLE19:		iornib. 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2017	
County TOM GREEN			Pag Cyan:	ICF/IID	`	Posion 00 ADII FNE
County TOM GREEN Facility Information:	Facility ID:	003606	Reg Svcs:	ICF/IID	Owner Information	Region 09 - ABILENE
MOSAIC	, ,	00000			MOSAIC	
3217 CLEARVIEW		70004			428 ST ANDREWS DR	
SAN ANGELO Phone (325) 651-3333	TX	76904 Fax	(325) 651-8110		ALLEN TX	75002
,			, ,	IOF/IID	PHONE : (469) 675-1561	FAX: (469) 675-1562
TOTAL Lic Capacity: 0		TITLE 18: TITLE19:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0 PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 01/01/2017	
FRIVATE DEUS: U		111LE 10/19:	V		License Exp Dt: 01/01/2017	
County TOM GREEN			Reg Svcs:	ICF/IID		Region 09 - ABILENE
Facility Information:	Facility ID:	007339			Owner Information	
MOSAIC 3613 WILDEWOOD					MOSAIC	
SAN ANGELO	TX	76904			428 ST ANDREWS DR ALLEN TX	75002
Phone (325) 651-3333		Fax	(325) 651-8110			
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (469) 675-1561	FAX : (469) 675-1562
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2017	
·					<u>'</u>	
County TOM GREEN			Reg Svcs:	ICF/IID	·	Region 09 - ABILENE
County TOM GREEN Facility Information:	Facility ID:	007656	Reg Svcs:	ICF/IID	Owner Information	Region 09 - ABILENE
Facility Information: SAN ANGELO INDEPENDENT	•		·	ICF/IID	Owner Information THE INSTITUTE OF COGNITIVE DEVELO	v
Facility Information:	•		·	ICF/IID	THE INSTITUTE OF COGNITIVE DEVELO	DP, INC
Facility Information: SAN ANGELO INDEPENDENT 20 S KOENIGHEIM	LIVING TRAIN	NING RESIDENC	·	ICF/IID	THE INSTITUTE OF COGNITIVE DEVELO	v
Facility Information: SAN ANGELO INDEPENDENT 20 S KOENIGHEIM SAN ANGELO	LIVING TRAIN	NING RESIDENC	CE (325) 658-8441	ICF/IID ICF/IID: 13	THE INSTITUTE OF COGNITIVE DEVELO	DP, INC
Facility Information: SAN ANGELO INDEPENDENT 20 S KOENIGHEIM SAN ANGELO Phone (325) 655-3884	LIVING TRAIN	76903 Fax	CE (325) 658-8441		THE INSTITUTE OF COGNITIVE DEVELOR PO BOX 5018 SAN ANGELO TX	DP, INC 76902
Facility Information: SAN ANGELO INDEPENDENT 20 S KOENIGHEIM SAN ANGELO Phone (325) 655-3884 TOTAL Lic Capacity: 0	LIVING TRAIN	76903 Fax TITLE 18:	(325) 658-8441 0 0		THE INSTITUTE OF COGNITIVE DEVELOR PO BOX 5018 SAN ANGELO TX PHONE: (325) 658-8631	76902 FAX: (325) 659-2070
Facility Information: SAN ANGELO INDEPENDENT 20 S KOENIGHEIM SAN ANGELO Phone (325) 655-3884 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	LIVING TRAIN	76903 Fax TITLE 18: TITLE19:	(325) 658-8441 0 0	ICF/IID: 13	THE INSTITUTE OF COGNITIVE DEVELOR PO BOX 5018 SAN ANGELO TX PHONE: (325) 658-8631 PROGRAM TYPE: ICF/IID License Exp Dt: 01/22/2018	76902 FAX: (325) 659-2070 SERVICE TYPE PRIVATELY OWNED
Facility Information: SAN ANGELO INDEPENDENT 20 S KOENIGHEIM SAN ANGELO Phone (325) 655-3884 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	LIVING TRAIN	76903 Fax TITLE 18: TITLE19:	(325) 658-8441 0 0		THE INSTITUTE OF COGNITIVE DEVELOR PO BOX 5018 SAN ANGELO TX PHONE: (325) 658-8631 PROGRAM TYPE: ICF/IID License Exp Dt: 01/22/2018	76902 FAX: (325) 659-2070
Facility Information: SAN ANGELO INDEPENDENT 20 S KOENIGHEIM SAN ANGELO Phone (325) 655-3884 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS	TIVING TRAIN	76903 Fax TITLE 18: TITLE 18: TITLE 18/19:	(325) 658-8441 0 0	ICF/IID: 13	THE INSTITUTE OF COGNITIVE DEVELOR PO BOX 5018 SAN ANGELO TX PHONE: (325) 658-8631 PROGRAM TYPE: ICF/IID License Exp Dt: 01/22/2018	76902 FAX: (325) 659-2070 SERVICE TYPE PRIVATELY OWNED
Facility Information: SAN ANGELO INDEPENDENT 20 S KOENIGHEIM SAN ANGELO Phone (325) 655-3884 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: ALDWYCHE 5444 FAIRMONT CIR	TX Facility ID:	76903 Fax TITLE 18: TITLE19: TITLE 18/19:	(325) 658-8441 0 0	ICF/IID: 13	THE INSTITUTE OF COGNITIVE DEVELOR PO BOX 5018 SAN ANGELO TX PHONE: (325) 658-8631 PROGRAM TYPE: ICF/IID License Exp Dt: 01/22/2018 Owner Information	76902 FAX: (325) 659-2070 SERVICE TYPE PRIVATELY OWNED
Facility Information: SAN ANGELO INDEPENDENT 20 S KOENIGHEIM SAN ANGELO Phone (325) 655-3884 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: ALDWYCHE 5444 FAIRMONT CIR AUSTIN	TIVING TRAIN	76903 Fax TITLE 18: TITLE19: TITLE 18/19:	CE (325) 658-8441 0 0 0 Reg Svcs:	ICF/IID: 13	THE INSTITUTE OF COGNITIVE DEVELOR PO BOX 5018 SAN ANGELO TX PHONE: (325) 658-8631 PROGRAM TYPE: ICF/IID License Exp Dt: 01/22/2018 Owner Information PREMIEANT INCORPORATED	76902 FAX: (325) 659-2070 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: SAN ANGELO INDEPENDENT 20 S KOENIGHEIM SAN ANGELO Phone (325) 655-3884 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: ALDWYCHE 5444 FAIRMONT CIR AUSTIN Phone (512) 916-1632	TX Facility ID:	76903 Fax TITLE 18: TITLE 19: TITLE 18/19: 003646 78745 Fax	(325) 658-8441 0 0 0 Reg Svcs:	ICF/IID: 13 IID (AUSTIN REGION)	THE INSTITUTE OF COGNITIVE DEVELOR PO BOX 5018 SAN ANGELO TX PHONE: (325) 658-8631 PROGRAM TYPE: ICF/IID License Exp Dt: 01/22/2018 Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON	76902 FAX: (325) 659-2070 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: SAN ANGELO INDEPENDENT 20 S KOENIGHEIM SAN ANGELO Phone (325) 655-3884 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: ALDWYCHE 5444 FAIRMONT CIR AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0	TX TX Facility ID:	76903 Fax TITLE 18: TITLE 18: TITLE 18/19: 003646 78745 Fax TITLE 18:	(325) 658-8441 0 0 0 Reg Svcs:	ICF/IID: 13	THE INSTITUTE OF COGNITIVE DEVELOR PO BOX 5018 SAN ANGELO TX PHONE: (325) 658-8631 PROGRAM TYPE: ICF/IID License Exp Dt: 01/22/2018 Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX	76902 FAX: (325) 659-2070 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 2 78745
Facility Information: SAN ANGELO INDEPENDENT 20 S KOENIGHEIM SAN ANGELO Phone (325) 655-3884 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: ALDWYCHE 5444 FAIRMONT CIR AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX TX Facility ID:	76903 Fax TITLE 18: TITLE 18/19: 003646 78745 Fax TITLE 18: TITLE 18: TITLE 19:	(325) 658-8441 0 0 0 Reg Svcs: (512) 916-1639 0	ICF/IID: 13 IID (AUSTIN REGION)	THE INSTITUTE OF COGNITIVE DEVELOR PO BOX 5018 SAN ANGELO TX PHONE: (325) 658-8631 PROGRAM TYPE: ICF/IID License Exp Dt: 01/22/2018 Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID	76902 FAX: (325) 659-2070 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 2
Facility Information: SAN ANGELO INDEPENDENT 20 S KOENIGHEIM SAN ANGELO Phone (325) 655-3884 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: ALDWYCHE 5444 FAIRMONT CIR AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX TX Facility ID:	76903 Fax TITLE 18: TITLE 18: TITLE 18/19: 003646 78745 Fax TITLE 18:	(325) 658-8441 0 0 0 Reg Svcs: (512) 916-1639 0 0	ICF/IID: 13 IID (AUSTIN REGION) ICF/IID: 6	THE INSTITUTE OF COGNITIVE DEVELOR PO BOX 5018 SAN ANGELO TX PHONE: (325) 658-8631 PROGRAM TYPE: ICF/IID License Exp Dt: 01/22/2018 Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018	76902 FAX: (325) 659-2070 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 2
Facility Information: SAN ANGELO INDEPENDENT 20 S KOENIGHEIM SAN ANGELO Phone (325) 655-3884 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: ALDWYCHE 5444 FAIRMONT CIR AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS	TX Facility ID:	76903 Fax TITLE 18: TITLE 19: TITLE 18/19: 003646 78745 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	(325) 658-8441 0 0 0 Reg Svcs: (512) 916-1639 0	ICF/IID: 13 IID (AUSTIN REGION)	THE INSTITUTE OF COGNITIVE DEVELOR PO BOX 5018 SAN ANGELO TX PHONE: (325) 658-8631 PROGRAM TYPE: ICF/IID License Exp Dt: 01/22/2018 Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018	76902 FAX: (325) 659-2070 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 2
Facility Information: SAN ANGELO INDEPENDENT 20 S KOENIGHEIM SAN ANGELO Phone (325) 655-3884 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: ALDWYCHE 5444 FAIRMONT CIR AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information:	TX TX Facility ID:	76903 Fax TITLE 18: TITLE 18/19: 003646 78745 Fax TITLE 18: TITLE 18: TITLE 19:	(325) 658-8441 0 0 0 Reg Svcs: (512) 916-1639 0 0	ICF/IID: 13 IID (AUSTIN REGION) ICF/IID: 6	THE INSTITUTE OF COGNITIVE DEVELOR PO BOX 5018 SAN ANGELO TX PHONE: (325) 658-8631 PROGRAM TYPE: ICF/IID License Exp Dt: 01/22/2018 Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information	76902 FAX: (325) 659-2070 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 2
Facility Information: SAN ANGELO INDEPENDENT 20 S KOENIGHEIM SAN ANGELO Phone (325) 655-3884 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: ALDWYCHE 5444 FAIRMONT CIR AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS	TX Facility ID:	76903 Fax TITLE 18: TITLE 19: TITLE 18/19: 003646 78745 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	(325) 658-8441 0 0 0 Reg Svcs: (512) 916-1639 0 0	ICF/IID: 13 IID (AUSTIN REGION) ICF/IID: 6	THE INSTITUTE OF COGNITIVE DEVELOR PO BOX 5018 SAN ANGELO TX PHONE: (325) 658-8631 PROGRAM TYPE: ICF/IID License Exp Dt: 01/22/2018 Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPORATED	76902 FAX: (325) 659-2070 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 2
Facility Information: SAN ANGELO INDEPENDENT 20 S KOENIGHEIM SAN ANGELO Phone (325) 655-3884 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: ALDWYCHE 5444 FAIRMONT CIR AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: ALDWYCHE 5444 FAIRMONT CIR AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 County TRAVIS Facility Information: ALLANDALE 6110 A BULLARD DR AUSTIN	TX Facility ID:	76903 Fax TITLE 18: TITLE 19: TITLE 18/19: 003646 78745 Fax TITLE 18: TITLE 19: TITLE 18/19: 003752	(325) 658-8441 0 0 0 Reg Svcs: (512) 916-1639 0 0	ICF/IID: 13 IID (AUSTIN REGION) ICF/IID: 6	THE INSTITUTE OF COGNITIVE DEVELOR PO BOX 5018 SAN ANGELO TX PHONE: (325) 658-8631 PROGRAM TYPE: ICF/IID License Exp Dt: 01/22/2018 Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPORED	76902 FAX: (325) 659-2070 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 2
Facility Information: SAN ANGELO INDEPENDENT 20 S KOENIGHEIM SAN ANGELO Phone (325) 655-3884 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: ALDWYCHE 5444 FAIRMONT CIR AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: ALCOUNTY TRAVIS Facility Information: ALLANDALE 6110 A BULLARD DR	TX Facility ID: TX Facility ID:	76903 Fax TITLE 18: TITLE 19: 003646 78745 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18: TITLE 19: TITLE 18/19:	(325) 658-8441 0 0 0 Reg Svcs: (512) 916-1639 0 0	ICF/IID: 13 IID (AUSTIN REGION) ICF/IID: 6	THE INSTITUTE OF COGNITIVE DEVELOR PO BOX 5018 SAN ANGELO TX PHONE: (325) 658-8631 PROGRAM TYPE: ICF/IID License Exp Dt: 01/22/2018 Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPORATION RD LOUISVILLE KY	76902 FAX: (325) 659-2070 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 2
Facility Information: SAN ANGELO INDEPENDENT 20 S KOENIGHEIM SAN ANGELO Phone (325) 655-3884 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: ALDWYCHE 5444 FAIRMONT CIR AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: ALDWYCHE 5444 FAIRMONT CIR AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 County TRAVIS Facility Information: ALLANDALE 6110 A BULLARD DR AUSTIN	TX Facility ID: TX Facility ID:	76903 Fax TITLE 18: TITLE 19: 003646 78745 Fax TITLE 18: TITLE 18: TITLE 19: 003752 78731 Fax TITLE 18: TITLE 18:	(325) 658-8441 0 0 0 Reg Svcs: (512) 916-1639 0 0 Reg Svcs:	ICF/IID: 13 IID (AUSTIN REGION) ICF/IID: 6	THE INSTITUTE OF COGNITIVE DEVELOR PO BOX 5018 SAN ANGELO TX PHONE: (325) 658-8631 PROGRAM TYPE: ICF/IID License Exp Dt: 01/22/2018 Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPORED 1001 STATION RD LOUISVILLE KY PHONE: (502) 394-2100	76902 FAX: (325) 659-2070 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 2
Facility Information: SAN ANGELO INDEPENDENT 20 S KOENIGHEIM SAN ANGELO Phone (325) 655-3884 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: ALDWYCHE 5444 FAIRMONT CIR AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: ALLANDALE 6110 A BULLARD DR AUSTIN Phone (512) 451-5801	TX Facility ID: TX Facility ID:	76903 Fax TITLE 18: TITLE 19: 003646 78745 Fax TITLE 18: TITLE 18: TITLE 19: 003752 78731 Fax	(325) 658-8441 0 0 0 Reg Svcs: (512) 916-1639 0 0 0 Reg Svcs:	ICF/IID: 13 IID (AUSTIN REGION) ICF/IID: 6 IID (AUSTIN REGION)	THE INSTITUTE OF COGNITIVE DEVELOR PO BOX 5018 SAN ANGELO TX PHONE: (325) 658-8631 PROGRAM TYPE: ICF/IID License Exp Dt: 01/22/2018 Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPORATION RD LOUISVILLE KY	76902 FAX: (325) 659-2070 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 2

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County TRAVIS			Reg Svcs:	IID (AUSTIN REGION)	1	Region 07 - AUSTIN
Facility Information:	Facility ID:	007249			Owner Information	
AUSTIN HOUSE					PREMIEANT INCORPORATED	
101 CLOUDVIEW DR AUSTIN	TX	78745			1110 W WILLLIAM CANNON	,BLDG 2
Phone (512) 916-1632		Fax	(512) 916-1639		AUSTIN TX	78745
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (512) 916-1632	FAX: (512) 916-1639
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/27/2018	
County TRAVIS			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	007101			Owner Information	
AUSTIN STATE SUPPORTED 2203 W 35TH ST	LIVING CENTE	ΞR			DADS	
AUSTIN	TX	78767			PO BOX 12668	70744
Phone (512) 454-4731		Fax	(512) 374-6145		AUSTIN TX	78711
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 474	PHONE : (512) 454-3761	FAX:
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE STATE SCHOOL/STATE CENTER
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt:	
County TRAVIS			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	007389			Owner Information	
AUTUMN RIDGE					EDUCARE COMMUNITY LIVING CORPO	DRATION - TEXAS
11605 AUTUMN RIDGE AUSTIN	TX	78759			9901 LINN STATION RD	
Phone (512) 331-0445		Fax			LOUISVILLE KY	40223
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (502) 394-2100	FAX: (502) 394-2285
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 10/01/2018	
County TRAVIS			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	007367		·	Owner Information	
BALCONES WOODS					EDUCARE COMMUNITY LIVING CORPO	DRATION - TEXAS
4504 BALCONES WOODS	TX	78759			EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD	DRATION - TEXAS
	тх	78759 Fax				ORATION - TEXAS 40223
4504 BALCONES WOODS AUSTIN Phone (512) 345-7256	тх	Fax	0	ICF/IID: 6	9901 LINN STATION RD	
4504 BALCONES WOODS AUSTIN	TX			ICF/IID: 6	9901 LINN STATION RD LOUISVILLE KY	40223
4504 BALCONES WOODS AUSTIN Phone (512) 345-7256 TOTAL Lic Capacity: 0	тх	Fax TITLE 18:	0	ICF/IID: 6	9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100	40223 FAX: (502) 394-2285
4504 BALCONES WOODS AUSTIN Phone (512) 345-7256 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	тх	Fax TITLE 18: TITLE19:	0		9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018	40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
4504 BALCONES WOODS AUSTIN Phone (512) 345-7256 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS		Fax TITLE 18: TITLE19: TITLE 18/19:	0	ICF/IID: 6 IID (AUSTIN REGION)	9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018	40223 FAX: (502) 394-2285
4504 BALCONES WOODS AUSTIN Phone (512) 345-7256 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	Fax TITLE 18: TITLE19:	0		9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018	40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
4504 BALCONES WOODS AUSTIN Phone (512) 345-7256 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: BLARWOOD 6100 BLARWOOD DRIVE	Facility ID:	Fax TITLE 18: TITLE19: TITLE 18/19: 007599	0		9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information	40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
4504 BALCONES WOODS AUSTIN Phone (512) 345-7256 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: BLARWOOD 6100 BLARWOOD DRIVE AUSTIN		Fax TITLE 18: TITLE19: TITLE 18/19: 007599	0 0 Reg Svcs:		9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPORATION	40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
4504 BALCONES WOODS AUSTIN Phone (512) 345-7256 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: BLARWOOD 6100 BLARWOOD DRIVE AUSTIN Phone (512) 916-9451	Facility ID:	Fax TITLE 18: TITLE19: TITLE 18/19: 007599 78745 Fax	0 0 Reg Svcs: (512) 323-6031	IID (AUSTIN REGION)	9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD	40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN DRATION - TEXAS
AUSTIN Phone (512) 345-7256 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: BLARWOOD 6100 BLARWOOD DRIVE AUSTIN Phone (512) 916-9451 TOTAL Lic Capacity: 0	Facility ID:	Fax TITLE 18: TITLE 19: TITLE 18/19: 007599 78745 Fax TITLE 18:	0 0 Reg Svcs: (512) 323-6031		9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPORATION RD LOUISVILLE KY	40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN DRATION - TEXAS 40223
AUSTIN Phone (512) 345-7256 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: BLARWOOD 6100 BLARWOOD DRIVE AUSTIN Phone (512) 916-9451 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	Facility ID:	Fax TITLE 18: TITLE 18/19: 007599 78745 Fax TITLE 18: TITLE 18: TITLE 19:	0 0 Reg Svcs: (512) 323-6031 0	IID (AUSTIN REGION)	9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN DRATION - TEXAS 40223 FAX: (502) 394-2285
4504 BALCONES WOODS AUSTIN Phone (512) 345-7256 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: BLARWOOD 6100 BLARWOOD DRIVE AUSTIN Phone (512) 916-9451 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	Facility ID:	Fax TITLE 18: TITLE 19: TITLE 18/19: 007599 78745 Fax TITLE 18:	0 0 Reg Svcs: (512) 323-6031 0 0	IID (AUSTIN REGION) ICF/IID: 6	9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017	FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
AUSTIN Phone (512) 345-7256 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: BLARWOOD 6100 BLARWOOD DRIVE AUSTIN Phone (512) 916-9451 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS	Facility ID:	Fax TITLE 18: TITLE19: TITLE 18/19: 007599 78745 Fax TITLE 18: TITLE 19: TITLE 18/19:	0 0 Reg Svcs: (512) 323-6031 0	IID (AUSTIN REGION)	9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017	40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN DRATION - TEXAS 40223 FAX: (502) 394-2285
4504 BALCONES WOODS AUSTIN Phone (512) 345-7256 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: BLARWOOD 6100 BLARWOOD DRIVE AUSTIN Phone (512) 916-9451 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	Facility ID:	Fax TITLE 18: TITLE 18/19: 007599 78745 Fax TITLE 18: TITLE 18: TITLE 19:	0 0 Reg Svcs: (512) 323-6031 0 0	IID (AUSTIN REGION) ICF/IID: 6	9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017	FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
AUSTIN Phone (512) 345-7256 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: BLARWOOD 6100 BLARWOOD DRIVE AUSTIN Phone (512) 916-9451 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: BLARWOOD DRIVE AUSTIN Phone (512) 916-9451 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: BLUFF CANYON COMMUNITY 11101 BLUFF CANYON	Facility ID: TX Facility ID: (RESIDENCE	Fax TITLE 18: TITLE19: TITLE 18/19: 007599 78745 Fax TITLE 18: TITLE 19: TITLE 18/19:	0 0 Reg Svcs: (512) 323-6031 0 0	IID (AUSTIN REGION) ICF/IID: 6	9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017	FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
A504 BALCONES WOODS AUSTIN Phone (512) 345-7256 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: BLARWOOD 6100 BLARWOOD DRIVE AUSTIN Phone (512) 916-9451 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: BLUFF CANYON COMMUNITY 11101 BLUFF CANYON AUSTIN	Facility ID:	Fax TITLE 18: TITLE 19: TITLE 18/19: 007599 78745 Fax TITLE 18: TITLE 19: TITLE 18/19: 003621	0 0 Reg Svcs: (512) 323-6031 0 0	IID (AUSTIN REGION) ICF/IID: 6	9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information KENMAR RESIDENTIAL SERVICES INC	FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ORPORATED
A504 BALCONES WOODS AUSTIN Phone (512) 345-7256 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: BLARWOOD 6100 BLARWOOD DRIVE AUSTIN Phone (512) 916-9451 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: BLUFF CANYON COMMUNITY 11101 BLUFF CANYON AUSTIN Phone (512) 339-8016	Facility ID: TX Facility ID: (RESIDENCE	Fax TITLE 18: TITLE 19: TITLE 18/19: 007599 78745 Fax TITLE 18: TITLE 18: TITLE 19: 003621 78754 Fax	0 0 Reg Svcs: (512) 323-6031 0 0 Reg Svcs:	IID (AUSTIN REGION) ICF/IID: 6 IID (AUSTIN REGION)	9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD	FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ORPORATED ,SUITE 100
AUSTIN Phone (512) 345-7256 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: BLARWOOD 6100 BLARWOOD DRIVE AUSTIN Phone (512) 916-9451 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: BLARWOOD DRIVE AUSTIN Phone (512) 916-9451 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: BLUFF CANYON COMMUNITY 11101 BLUFF CANYON AUSTIN Phone (512) 339-8016 TOTAL Lic Capacity: 0	Facility ID: TX Facility ID: (RESIDENCE	Fax TITLE 18: TITLE 18: TITLE 18/19: 007599 78745 Fax TITLE 18: TITLE 18: TITLE 18/19: 003621 78754 Fax TITLE 18: TITLE 18:	0 0 Reg Svcs: (512) 323-6031 0 0 0 Reg Svcs:	IID (AUSTIN REGION) ICF/IID: 6	9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800	FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ORPORATED ,SUITE 100
AUSTIN Phone (512) 345-7256 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: BLARWOOD 6100 BLARWOOD DRIVE AUSTIN Phone (512) 916-9451 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: BLUFF CANYON COMMUNITY 11101 BLUFF CANYON AUSTIN Phone (512) 339-8016	Facility ID: TX Facility ID: (RESIDENCE	Fax TITLE 18: TITLE 19: TITLE 18/19: 007599 78745 Fax TITLE 18: TITLE 18: TITLE 19: 003621 78754 Fax	0 0 Reg Svcs: (512) 323-6031 0 0 Reg Svcs:	IID (AUSTIN REGION) ICF/IID: 6 IID (AUSTIN REGION)	9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information KENMAR RESIDENTIAL SERVICES INC 33 CYPRESS BLVD ROUND ROCK TX	FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ORPORATED ,SUITE 100 78665

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County TRAVIS			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	007312			Owner Information	
BOWIE HOUSE 6900 WHISPERING OAKS DR					PREMIEANT INCORPORATED	
AUSTIN	TX	78745			1110 W WILLLIAM CANNON	,BLDG 2
Phone (512) 916-1632		Fax	(512) 916-1639		AUSTIN TX	78745
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (512) 916-1632	FAX : (512) 916-1639
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/27/2018	
County TRAVIS			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	003631			Owner Information	
CABANA COMMUNITY RESID	ENCE				KENMAR RESIDENTIAL SERVICES INC	ORPORATED
12004 CABANA LN AUSTIN	TX	78727			33 CYPRESS BLVD	,SUITE 100
Phone (512) 339-4074		Fax	(512) 339-6001		ROUND ROCK TX	78665
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (512) 336-0800	FAX : (512) 336-0812
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 03/15/2018	
County TRAVIS			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	007483	.3 01	(Owner Information	•
CHINATREE COMMUNITY RE	SIDENCE				D & S RESIDENTIAL SERVICES LP	
8106 U S 290 WEST AUSTIN	TX	78735			8911 N CAPITAL OF TX HWY	,BLDG 1 STE 1300
Phone (512) 288-0126	1.8	Fax	(512) 327-7181		AUSTIN TX	78759
, ,			•	IOF/IID. C	PHONE: (512) 327-2325	FAX : (512) 327-5355
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0		TITLE 18: TITLE19:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 12/01/2017	
		11122 10/10:	•		LICONOC EXP Dt. 12/01/2011	
			5 0	UD (ALIOTILI DEGLO)		D : 07 AU071U
County TRAVIS	Facility ID:	007624	Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	007631	Reg Svcs:	IID (AUSTIN REGION)	Owner Information	v
•	Facility ID:	007631	Reg Svcs:	IID (AUSTIN REGION)	Owner Information EDUCARE COMMUNITY LIVING CORPO	v
Facility Information: CRAIG DRIVE 4901 CRAIG DR AUSTIN	Facility ID:	78727	Reg Svcs:	IID (AUSTIN REGION)	Owner Information	v
Facility Information: CRAIG DRIVE 4901 CRAIG DR	·		Reg Svcs:	IID (AUSTIN REGION)	Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY	DRATION - TEXAS 40223
Facility Information: CRAIG DRIVE 4901 CRAIG DR AUSTIN Phone (512) 231-0789 TOTAL Lic Capacity: 0	·	78727 Fax TITLE 18:	0	IID (AUSTIN REGION) ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100	DRATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: CRAIG DRIVE 4901 CRAIG DR AUSTIN Phone (512) 231-0789 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	78727 Fax TITLE 18: TITLE19:	0 0		Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	DRATION - TEXAS 40223
Facility Information: CRAIG DRIVE 4901 CRAIG DR AUSTIN Phone (512) 231-0789 TOTAL Lic Capacity: 0	·	78727 Fax TITLE 18:	0		Owner Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100	DRATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: CRAIG DRIVE 4901 CRAIG DR AUSTIN Phone (512) 231-0789 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS	тх	78727 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0		Owner Information EDUCARE COMMUNITY LIVING CORPORATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018	DRATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: CRAIG DRIVE 4901 CRAIG DR AUSTIN Phone (512) 231-0789 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information:	·	78727 Fax TITLE 18: TITLE19:	0 0 0	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018	PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
Facility Information: CRAIG DRIVE 4901 CRAIG DR AUSTIN Phone (512) 231-0789 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: CROCKETT HOUSE	тх	78727 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information PREMIEANT INCORPORATED	PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: CRAIG DRIVE 4901 CRAIG DR AUSTIN Phone (512) 231-0789 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information:	тх	78727 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON	PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 2
Facility Information: CRAIG DRIVE 4901 CRAIG DR AUSTIN Phone (512) 231-0789 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: CROCKETT HOUSE 7906 BRODIE LN	TX Facility ID:	78727 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX	PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 2 78745
Facility Information: CRAIG DRIVE 4901 CRAIG DR AUSTIN Phone (512) 231-0789 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: CROCKETT HOUSE 7906 BRODIE LN AUSTIN	TX Facility ID:	78727 Fax TITLE 18: TITLE19: TITLE 18/19: 003695	0 0 0 Reg Svcs:	ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 2 78745 FAX: (512) 916-1639
Facility Information: CRAIG DRIVE 4901 CRAIG DR AUSTIN Phone (512) 231-0789 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: CROCKETT HOUSE 7906 BRODIE LN AUSTIN Phone (512) 916-1632	TX Facility ID:	78727 Fax TITLE 18: TITLE19: TITLE 18/19: 003695 78745 Fax	0 0 0 Reg Svcs: (512) 916-1639 0	ICF/IID: 6 IID (AUSTIN REGION)	Owner Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX	PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 2 78745
Facility Information: CRAIG DRIVE 4901 CRAIG DR AUSTIN Phone (512) 231-0789 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: CROCKETT HOUSE 7906 BRODIE LN AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0	TX Facility ID:	78727	0 0 0 Reg Svcs: (512) 916-1639 0	ICF/IID: 6 IID (AUSTIN REGION)	Owner Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 2 78745 FAX: (512) 916-1639
Facility Information: CRAIG DRIVE 4901 CRAIG DR AUSTIN Phone (512) 231-0789 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: CROCKETT HOUSE 7906 BRODIE LN AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	78727	0 0 0 Reg Svcs: (512) 916-1639 0	ICF/IID: 6 IID (AUSTIN REGION)	Owner Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/27/2018	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 2 78745 FAX: (512) 916-1639
Facility Information: CRAIG DRIVE 4901 CRAIG DR AUSTIN Phone (512) 231-0789 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: CROCKETT HOUSE 7906 BRODIE LN AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	78727	0 0 0 Reg Svcs: (512) 916-1639 0 0	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/27/2018	PATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED
Facility Information: CRAIG DRIVE 4901 CRAIG DR AUSTIN Phone (512) 231-0789 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 COUNTY TRAVIS Facility Information: CROCKETT HOUSE 7906 BRODIE LN AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: CROCKETT HOUSE 7906 BRODIE LN AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: DEER TRACK	TX Facility ID:	78727	0 0 0 Reg Svcs: (512) 916-1639 0 0	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/27/2018	PATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: CRAIG DRIVE 4901 CRAIG DR AUSTIN Phone (512) 231-0789 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: CROCKETT HOUSE 7906 BRODIE LN AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: CROCKETT HOUSE 7906 BRODIE LN AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 County TRAVIS Facility Information: DEER TRACK 12306 DEER TRACK	TX Facility ID: TX Facility ID:	78727	0 0 0 Reg Svcs: (512) 916-1639 0 0	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/27/2018 Owner Information	PATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: CRAIG DRIVE 4901 CRAIG DR AUSTIN Phone (512) 231-0789 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: CROCKETT HOUSE 7906 BRODIE LN AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: DEER TRACK 12306 DEER TRACK AUSTIN	TX Facility ID:	78727	0 0 0 Reg Svcs: (512) 916-1639 0 0	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/27/2018 Owner Information EDUCARE COMMUNITY LIVING CORPORATED	PATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: CRAIG DRIVE 4901 CRAIG DR AUSTIN Phone (512) 231-0789 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: CROCKETT HOUSE 7906 BRODIE LN AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: DEER TRACK 12306 DEER TRACK AUSTIN Phone (512) 257-9616	TX Facility ID: TX Facility ID:	78727	0 0 0 Reg Svcs: (512) 916-1639 0 0 0	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6 IID (AUSTIN REGION)	PROGRAM TYPE: (512) 916-1632	PATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 2
Facility Information: CRAIG DRIVE 4901 CRAIG DR AUSTIN Phone (512) 231-0789 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: CROCKETT HOUSE 7906 BRODIE LN AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: DEER TRACK 12306 DEER TRACK AUSTIN Phone (512) 257-9616 TOTAL Lic Capacity: 0	TX Facility ID: TX Facility ID:	78727	0 0 0 Reg Svcs: (512) 916-1639 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/27/2018 Owner Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ORATION - TEXAS 40223
Facility Information: CRAIG DRIVE 4901 CRAIG DR AUSTIN Phone (512) 231-0789 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: CROCKETT HOUSE 7906 BRODIE LN AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: DEER TRACK 12306 DEER TRACK AUSTIN Phone (512) 257-9616	TX Facility ID: TX Facility ID:	78727	0 0 0 Reg Svcs: (512) 916-1639 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6 IID (AUSTIN REGION)	Owner Information EDUCARE COMMUNITY LIVING CORPORT 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/27/2018 Owner Information EDUCARE COMMUNITY LIVING CORPORATED 1001SVILLE KY PHONE: (502) 394-2100	A0223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN PRATION - TEXAS 40223 FAX: (502) 394-2285

Wednesday, January 04, 2017 Page 124 of 138

County TRAVIS			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	007264		(Owner Information	3
DELAWARE COURT					EDUCARE COMMUNITY LIVING CORPO	PRATION - TEXAS
8604 DELAWARE CT AUSTIN	TX	78758			9901 LINN STATION RD	
Phone (512) 832-6277	17	Fax			LOUISVILLE KY	40223
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (502) 394-2100	FAX : (502) 394-2285
Cert Alzh Capacity: 0		TITLE19:		iornib. 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 10/01/2018	
County TRAVIS			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	007323	Reg Svcs.	IID (AUSTIN REGION)	Owner Information	Region 07 - AUSTIN
GRACY FARMS	, ,	00.020			D & S RESIDENTIAL SERVICES LP	
1512 GRACY FARMS LN	T V	70750			8911 N CAPITAL OF TX HWY	,BLDG 1 STE 1300
AUSTIN Phone (512) 832-8964	TX	78758 Fax	(512) 327-5355		AUSTIN TX	78759
,			, ,	IOF/IID	PHONE : (512) 327-2325	FAX : (512) 327-5355
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0		TITLE 18: TITLE19:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 12/01/2017	
		111LL 10/13.	0		·	
County TRAVIS			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	007429			Owner Information	SPATION TEVAC
GRASSHOPPER 3319 GRASSHOPPER					EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD	RATION - TEXAS
AUSTIN	TX	78748			LOUISVILLE KY	40223
Phone (512) 280-6833		Fax			PHONE: (502) 394-2100	
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	,	, ,
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 11/01/2017	
					•	
County TRAVIS			Reg Svcs:	IID (AUSTIN REGION)	•	Region 07 - AUSTIN
Facility Information:	Facility ID:	007475	Reg Svcs:	IID (AUSTIN REGION)	Owner Information	Region 07 - AUSTIN
Facility Information: HOUSTON HOUSE	Facility ID:	007475	Reg Svcs:	IID (AUSTIN REGION)	Owner Information PREMIEANT INCORPORATED	Ü
Facility Information:	Facility ID:	007475 78745	Reg Svcs:	IID (AUSTIN REGION)	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON	,BLDG 2
Facility Information: HOUSTON HOUSE 7509 WESTGATE BLVD	·		Reg Svcs: (512) 916-1639	IID (AUSTIN REGION)	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX	,BLDG 2 78745
Facility Information: HOUSTON HOUSE 7509 WESTGATE BLVD AUSTIN	·	78745	(512) 916-1639	IID (AUSTIN REGION) ICF/IID: 6	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632	,BLDG 2 78745 FAX: (512) 916-1639
Facility Information: HOUSTON HOUSE 7509 WESTGATE BLVD AUSTIN Phone (512) 916-1632	·	78745 Fax	(512) 916-1639 0		Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX	,BLDG 2 78745
Facility Information: HOUSTON HOUSE 7509 WESTGATE BLVD AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0	·	78745 Fax TITLE 18:	(512) 916-1639 0		Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632	,BLDG 2 78745 FAX: (512) 916-1639
Facility Information: HOUSTON HOUSE 7509 WESTGATE BLVD AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	78745 Fax TITLE 18: TITLE19:	(512) 916-1639 0		Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/27/2018	,BLDG 2 78745 FAX: (512) 916-1639
Facility Information: HOUSTON HOUSE 7509 WESTGATE BLVD AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	78745 Fax TITLE 18: TITLE19:	(512) 916-1639 0 0	ICF/IID: 6	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/27/2018	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED
Facility Information: HOUSTON HOUSE 7509 WESTGATE BLVD AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: KEOTA	тх	78745 Fax TITLE 18: TITLE19: TITLE 18/19:	(512) 916-1639 0 0	ICF/IID: 6	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/27/2018	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED
Facility Information: HOUSTON HOUSE 7509 WESTGATE BLVD AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: KEOTA 4508 KEOTA DR	тх	78745 Fax TITLE 18: TITLE19: TITLE 18/19:	(512) 916-1639 0 0	ICF/IID: 6	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/27/2018 Owner Information	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 1 STE 1300
Facility Information: HOUSTON HOUSE 7509 WESTGATE BLVD AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: KEOTA	TX Facility ID:	78745 Fax TITLE 18: TITLE19: TITLE 18/19:	(512) 916-1639 0 0	ICF/IID: 6	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/27/2018 Owner Information D & S RESIDENTIAL SERVICES LP	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: HOUSTON HOUSE 7509 WESTGATE BLVD AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: KEOTA 4508 KEOTA DR AUSTIN	TX Facility ID:	78745	(512) 916-1639 0 0 0 Reg Svcs:	ICF/IID: 6	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/27/2018 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 1 STE 1300
Facility Information: HOUSTON HOUSE 7509 WESTGATE BLVD AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: KEOTA 4508 KEOTA DR AUSTIN Phone (512) 280-9135	TX Facility ID:	78745	(512) 916-1639 0 0 0 Reg Svcs: (512) 327-5355	ICF/IID: 6 IID (AUSTIN REGION)	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/27/2018 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 1 STE 1300 78759
Facility Information: HOUSTON HOUSE 7509 WESTGATE BLVD AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: KEOTA 4508 KEOTA DR AUSTIN Phone (512) 280-9135 TOTAL Lic Capacity: 0	TX Facility ID:	78745	(512) 916-1639 0 0 0 Reg Svcs: (512) 327-5355 0	ICF/IID: 6 IID (AUSTIN REGION)	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/27/2018 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 1 STE 1300 78759 FAX: (512) 327-5355
Facility Information: HOUSTON HOUSE 7509 WESTGATE BLVD AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: KEOTA 4508 KEOTA DR AUSTIN Phone (512) 280-9135 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	78745	(512) 916-1639 0 0 0 Reg Svcs: (512) 327-5355 0 0	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/27/2018 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED
Facility Information: HOUSTON HOUSE 7509 WESTGATE BLVD AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: KEOTA 4508 KEOTA DR AUSTIN Phone (512) 280-9135 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	78745	(512) 916-1639 0 0 0 Reg Svcs: (512) 327-5355 0	ICF/IID: 6 IID (AUSTIN REGION)	PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/27/2018 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 1 STE 1300 78759 FAX: (512) 327-5355
Facility Information: HOUSTON HOUSE 7509 WESTGATE BLVD AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: KEOTA 4508 KEOTA DR AUSTIN Phone (512) 280-9135 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	78745	(512) 916-1639 0 0 0 Reg Svcs: (512) 327-5355 0 0	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/27/2018 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED
Facility Information: HOUSTON HOUSE 7509 WESTGATE BLVD AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: KEOTA 4508 KEOTA DR AUSTIN Phone (512) 280-9135 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: LINCOLN HOUSE 1007 COLLINGSWORTH DR	TX Facility ID: TX Facility ID:	78745	(512) 916-1639 0 0 0 Reg Svcs: (512) 327-5355 0 0	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/27/2018 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED
Facility Information: HOUSTON HOUSE 7509 WESTGATE BLVD AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: KEOTA 4508 KEOTA DR AUSTIN Phone (512) 280-9135 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: LINCOLN HOUSE 1007 COLLINGSWORTH DR AUSTIN	TX Facility ID:	78745	(512) 916-1639 0 0 0 Reg Svcs: (512) 327-5355 0 0 0	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/27/2018 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information AUSTIN HEALTH RESOURCES INC	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED
Facility Information: HOUSTON HOUSE 7509 WESTGATE BLVD AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: KEOTA 4508 KEOTA DR AUSTIN Phone (512) 280-9135 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: LINCOLN HOUSE 1007 COLLINGSWORTH DR AUSTIN Phone (512) 835-8955	TX Facility ID: TX Facility ID:	78745	(512) 916-1639 0 0 0 Reg Svcs: (512) 327-5355 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6 IID (AUSTIN REGION)	PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/27/2018 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information AUSTIN HEALTH RESOURCES INC 9609 NEW FOUNDLAND CIRCLE	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: HOUSTON HOUSE 7509 WESTGATE BLVD AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: KEOTA 4508 KEOTA DR AUSTIN Phone (512) 280-9135 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: LINCOLN HOUSE 1007 COLLINGSWORTH DR AUSTIN Phone (512) 835-8955 TOTAL Lic Capacity: 0	TX Facility ID: TX Facility ID:	78745	(512) 916-1639 0 0 0 Reg Svcs: (512) 327-5355 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/27/2018 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information AUSTIN HEALTH RESOURCES INC 9609 NEW FOUNDLAND CIRCLE AUSTIN TX	,BLDG 2
Facility Information: HOUSTON HOUSE 7509 WESTGATE BLVD AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: KEOTA 4508 KEOTA DR AUSTIN Phone (512) 280-9135 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: LINCOLN HOUSE 1007 COLLINGSWORTH DR AUSTIN Phone (512) 835-8955	TX Facility ID: TX Facility ID:	78745	(512) 916-1639 0 0 0 Reg Svcs: (512) 327-5355 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6 IID (AUSTIN REGION)	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/27/2018 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information AUSTIN HEALTH RESOURCES INC 9609 NEW FOUNDLAND CIRCLE AUSTIN TX PHONE: (512) 835-8955	78758 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 1 STE 1300

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County TRAVIS			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	003793			Owner Information	
MARY LEE FOUNDATION SO	UTHPOINTE I				MARY LEE FOUNDATION	
1338 LAMAR SQUARE DR AUSTIN	TX	78704			1339 LAMAR SQUARE DR	
Phone (512) 442-6077	1.	Fax	(512) 442-6825		AUSTIN TX	78704
TOTAL Lic Capacity: 0		TITLE 18:	,	ICF/IID: 13	PHONE : (512) 443-5777	FAX: (512) 443-5807
Cert Alzh Capacity: 0		TITLE 10.		ICITIID. 13	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 11/03/2017	
County TRAVIS		11122 10/10.		IID (ALICTIN DECION)	·	Pagion 07 ALICTIA
Facility Information:	Facility ID:	003832	Reg Svcs:	IID (AUSTIN REGION)	Owner Information	Region 07 - AUSTIN
MARY LEE FOUNDATION SO	•				MARY LEE FOUNDATION	
1336 LAMAR SQUARE DR					1339 LAMAR SQUARE DR	
AUSTIN	TX	78704			AUSTIN TX	78704
Phone (512) 442-6077		Fax	(512) 442-6825		PHONE : (512) 443-5777	FAX : (512) 443-5807
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 13	,	,
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 11/03/2017	
County TRAVIS			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	007242			Owner Information	
MARYWOOD					PREMIEANT INCORPORATED	
4700 GANYMEDE LN AUSTIN	TX	78727			1110 W WILLLIAM CANNON	,BLDG 2
Phone (512) 916-1632		Fax	(512) 916-1639		AUSTIN TX	78745
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE: (512) 916-1632	FAX: (512) 916-1639
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2018	
-		TITLE 18/19:		IID (AUSTIN REGION)	·	Region 07 - AUSTIN
County TRAVIS	Facility ID:	TITLE 18/19: 007627	0 Reg Svcs:	IID (AUSTIN REGION)	·	Region 07 - AUSTIN
	•			IID (AUSTIN REGION)	·	Region 07 - AUSTIN
County TRAVIS Facility Information: OAKTREE COMMUNITY RESI 3509 CONVICT HILL RD	IDENCE	007627		IID (AUSTIN REGION)	Owner Information	Region 07 - AUSTIN ,BLDG 1 STE 1300
County TRAVIS Facility Information: OAKTREE COMMUNITY RESI 3509 CONVICT HILL RD AUSTIN	•	007627 78745	Reg Svcs:	IID (AUSTIN REGION)	Owner Information D & S RESIDENTIAL SERVICES LP	,
County TRAVIS Facility Information: OAKTREE COMMUNITY RESI 3509 CONVICT HILL RD AUSTIN Phone (512) 892-1084	IDENCE	007627 78745 Fax	Reg Svcs:		Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY	,BLDG 1 STE 1300
County TRAVIS Facility Information: OAKTREE COMMUNITY RESI 3509 CONVICT HILL RD AUSTIN Phone (512) 892-1084 TOTAL Lic Capacity: 0	IDENCE	007627 78745 Fax TITLE 18:	Reg Svcs: (512) 327-7181 0	IID (AUSTIN REGION)	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355
County TRAVIS Facility Information: OAKTREE COMMUNITY RESI 3509 CONVICT HILL RD AUSTIN Phone (512) 892-1084 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	IDENCE	007627 78745 Fax TITLE 18: TITLE19:	Reg Svcs: (512) 327-7181 0 0		Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID	,BLDG 1 STE 1300 78759
County TRAVIS Facility Information: OAKTREE COMMUNITY RESI 3509 CONVICT HILL RD AUSTIN Phone (512) 892-1084 TOTAL Lic Capacity: 0	IDENCE	007627 78745 Fax TITLE 18:	Reg Svcs: (512) 327-7181 0 0		Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355
County TRAVIS Facility Information: OAKTREE COMMUNITY RESI 3509 CONVICT HILL RD AUSTIN Phone (512) 892-1084 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS	TX	007627 78745 Fax TITLE 18: TITLE19:	Reg Svcs: (512) 327-7181 0 0		Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/31/2017	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355
County TRAVIS Facility Information: OAKTREE COMMUNITY RESI 3509 CONVICT HILL RD AUSTIN Phone (512) 892-1084 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information:	IDENCE	007627 78745 Fax TITLE 18: TITLE19:	Reg Svcs: (512) 327-7181 0 0	ICF/IID: 6	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/31/2017 Owner Information	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED
County TRAVIS Facility Information: OAKTREE COMMUNITY RESI 3509 CONVICT HILL RD AUSTIN Phone (512) 892-1084 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: PARKFIELD	TX	007627 78745 Fax TITLE 18: TITLE19: TITLE 18/19:	Reg Svcs: (512) 327-7181 0 0	ICF/IID: 6	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/31/2017 Owner Information PREMIEANT INCORPORATED	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
County TRAVIS Facility Information: OAKTREE COMMUNITY RESI 3509 CONVICT HILL RD AUSTIN Phone (512) 892-1084 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information:	TX	007627 78745 Fax TITLE 18: TITLE19: TITLE 18/19:	Reg Svcs: (512) 327-7181 0 0	ICF/IID: 6	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/31/2017 Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 2
County TRAVIS Facility Information: OAKTREE COMMUNITY RESI 3509 CONVICT HILL RD AUSTIN Phone (512) 892-1084 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: PARKFIELD 9202 PARKFIELD DR	TX Facility ID:	007627 78745 Fax TITLE 18: TITLE19: TITLE 18/19: 003663	Reg Svcs: (512) 327-7181 0 0	ICF/IID: 6	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/31/2017 Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 2 78745
County TRAVIS Facility Information: OAKTREE COMMUNITY RESISSO CONVICT HILL RD AUSTIN Phone (512) 892-1084 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: PARKFIELD 9202 PARKFIELD DR AUSTIN	TX Facility ID:	007627 78745 Fax TITLE 18: TITLE19: TITLE 18/19: 003663	Reg Svcs: (512) 327-7181 0 0 Reg Svcs:	ICF/IID: 6	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/31/2017 Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 2
County TRAVIS Facility Information: OAKTREE COMMUNITY RESISSON CONVICT HILL RD AUSTIN Phone (512) 892-1084 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: PARKFIELD 9202 PARKFIELD DR AUSTIN Phone (512) 916-1632	TX Facility ID:	007627 78745 Fax TITLE 18: TITLE19: TITLE 18/19: 003663 78758 Fax	Reg Svcs: (512) 327-7181 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION)	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/31/2017 Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 2 78745
County TRAVIS Facility Information: OAKTREE COMMUNITY RESISSO CONVICT HILL RD AUSTIN Phone (512) 892-1084 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: PARKFIELD 9202 PARKFIELD DR AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0	TX Facility ID:	007627 78745 Fax TITLE 18: TITLE 18/19: 003663 78758 Fax TITLE 18:	Reg Svcs: (512) 327-7181 0 0 0 Reg Svcs: (512) 916-1639 0 0	ICF/IID: 6 IID (AUSTIN REGION)	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/31/2017 Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 2 78745 FAX: (512) 916-1639
County TRAVIS Facility Information: OAKTREE COMMUNITY RESI 3509 CONVICT HILL RD AUSTIN Phone (512) 892-1084 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: PARKFIELD 9202 PARKFIELD DR AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	007627 78745 Fax TITLE 18: TITLE 18/19: 003663 78758 Fax TITLE 18: TITLE 18: TITLE 19:	Reg Svcs: (512) 327-7181 0 0 Reg Svcs: (512) 916-1639 0 0 0	ICF/IID: 6 IID (AUSTIN REGION)	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/31/2017 Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 2 78745 FAX: (512) 916-1639
County TRAVIS Facility Information: OAKTREE COMMUNITY RESISSON CONVICT HILL RD AUSTIN Phone (512) 892-1084 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: PARKFIELD 9202 PARKFIELD DR AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	007627 78745 Fax TITLE 18: TITLE 18/19: 003663 78758 Fax TITLE 18: TITLE 18: TITLE 19:	Reg Svcs: (512) 327-7181 0 0 0 Reg Svcs: (512) 916-1639 0 0	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/31/2017 Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018	,BLDG 1 STE 1300
County TRAVIS Facility Information: OAKTREE COMMUNITY RESISSON CONVICT HILL RD AUSTIN Phone (512) 892-1084 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: PARKFIELD 9202 PARKFIELD DR AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS	TX Facility ID:	007627 78745 Fax TITLE 18: TITLE 19: 1003663 78758 Fax TITLE 18: TITLE 18: TITLE 18: TITLE 18:	Reg Svcs: (512) 327-7181 0 0 Reg Svcs: (512) 916-1639 0 0 0	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/31/2017 Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018	,BLDG 1 STE 1300
County TRAVIS Facility Information: OAKTREE COMMUNITY RESISSON CONVICT HILL RD AUSTIN Phone (512) 892-1084 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: PARKFIELD 9202 PARKFIELD DR AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: PARKFIELD 9202 PARKFIELD DR AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 County TRAVIS Facility Information: PENDLETON 1304 QUAIL PARK DR	TX Facility ID: TX Facility ID:	007627 78745 Fax TITLE 18: TITLE 19: 103663 78758 Fax TITLE 18: TITLE 18: TITLE 18: TITLE 18: 003661	Reg Svcs: (512) 327-7181 0 0 Reg Svcs: (512) 916-1639 0 0 0	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/31/2017 Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information	,BLDG 1 STE 1300
County TRAVIS Facility Information: OAKTREE COMMUNITY RESI 3509 CONVICT HILL RD AUSTIN Phone (512) 892-1084 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: PARKFIELD 9202 PARKFIELD DR AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: PENDLETON 1304 QUAIL PARK DR AUSTIN	TX Facility ID:	007627 78745 Fax TITLE 18: TITLE 19: TITLE 18/19: 003663 78758 Fax TITLE 18: TITLE 18: TITLE 18: TITLE 18/19: 003661	Reg Svcs: (512) 327-7181 0 0 0 Reg Svcs: (512) 916-1639 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/31/2017 Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information PREMIEANT INCORPORATED	,BLDG 1 STE 1300
County TRAVIS Facility Information: OAKTREE COMMUNITY RESISTS 3509 CONVICT HILL RD AUSTIN Phone (512) 892-1084 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: PARKFIELD 9202 PARKFIELD DR AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 Cert Alzh Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: PENDLETON 1304 QUAIL PARK DR AUSTIN Phone (512) 916-1632	TX Facility ID: TX Facility ID:	007627 78745 Fax TITLE 18: TITLE 18/19: 003663 78758 Fax TITLE 18: T	Reg Svcs: (512) 327-7181 0 0 Reg Svcs: (512) 916-1639 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6 IID (AUSTIN REGION)	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/31/2017 Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information PREMIEANT INCORPORATED 1110 W WILLIAM CANNON AUSTIN TX Owner Information PREMIEANT INCORPORATED 1110 W WILLIAM CANNON AUSTIN TX	,BLDG 1 STE 1300
County TRAVIS Facility Information: OAKTREE COMMUNITY RESISTS 3509 CONVICT HILL RD AUSTIN Phone (512) 892-1084 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: PARKFIELD 9202 PARKFIELD DR AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 Cert Alzh Capacity: 0 Cert Alzh Capacity: 0 County TRAVIS Facility Information: PRIVATE Beds: 0 County TRAVIS Facility Information: PENDLETON 1304 QUAIL PARK DR AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0	TX Facility ID: TX Facility ID:	007627 78745 Fax TITLE 18: TITLE 19: TITLE 18/19: 003663 78758 Fax TITLE 18: TITLE 18: TITLE 18/19: 003661 78758 Fax TITLE 18/19:	Reg Svcs: (512) 327-7181 0 0 0 Reg Svcs: (512) 916-1639 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/31/2017 Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information PREMIEANT INCORPORATED 1110 W WILLIAM CANNON AUSTIN TX PHONE: (512) 916-1632	,BLDG 1 STE 1300
County TRAVIS Facility Information: OAKTREE COMMUNITY RESISSON CONVICT HILL RD AUSTIN Phone (512) 892-1084 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: PARKFIELD 9202 PARKFIELD DR AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: PARKFIELD 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: PENDLETON 1304 QUAIL PARK DR AUSTIN Phone (512) 916-1632	TX Facility ID: TX Facility ID:	007627 78745 Fax TITLE 18: TITLE 18/19: 003663 78758 Fax TITLE 18: T	Reg Svcs: (512) 327-7181 0 0 0 Reg Svcs: (512) 916-1639 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6 IID (AUSTIN REGION)	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/31/2017 Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2018 Owner Information PREMIEANT INCORPORATED 1110 W WILLIAM CANNON AUSTIN TX Owner Information PREMIEANT INCORPORATED 1110 W WILLIAM CANNON AUSTIN TX	,BLDG 1 STE 1300

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County TRAVIS			Reg Svcs:	IID (AUSTIN REGION))	Region 07 - AUSTIN
Facility Information:	Facility ID:	007545	. tog 0100.		Owner Information	
PILGRIMS PLACE					EDUCARE COMMUNITY LIVING CORPO	DRATION - TEXAS
8204 PILGRIMS PL					9901 LINN STATION RD	
AUSTIN Phone (512) 018 2004	TX	78759 Fax			LOUISVILLE KY	40223
Phone (512) 918-2094			•	IOF/IID	PHONE : (502) 394-2100	FAX : (502) 394-2285
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0		TITLE 18: TITLE19:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 10/01/2018	
TRIVATE Deus. ()		111LL 10/13.	0		10/01/2010	
County TRAVIS			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	007804			Owner Information	
PINE KNOLL 1400 PINE KNOLL DR					PREMIEANT INCORPORATED	N. D. O.
AUSTIN	TX	78758			1110 W WILLLIAM CANNON AUSTIN TX	,BLDG 2 78745
Phone (512) 916-1632		Fax	(512) 916-1639			
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (512) 916-1632	FAX: (512) 916-1639
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2018	
County TRAVIS			Reg Svcs:	IID (AUSTIN REGION))	Region 07 - AUSTIN
Facility Information:	Facility ID:	007320	-	•	Owner Information	
RED OAK					EDUCARE COMMUNITY LIVING CORPO	ORATION - TEXAS
3902 SIERRA AUSTIN	TX	78731			9901 LINN STATION RD	
Phone (512) 346-1410	IA.	Fax			LOUISVILLE KY	40223
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (502) 394-2100	FAX : (502) 394-2285
Cert Alzh Capacity: 0		TITLE 10:		IOI/IID. 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 10/01/2018	
County TRAVIS			Reg Sycs:	IID (AUSTIN REGION)	·	Region 07 - ALISTIN
County TRAVIS Facility Information:	Facility ID:	007611	Reg Svcs:	IID (AUSTIN REGION)	·)	Region 07 - AUSTIN
County TRAVIS Facility Information: ROSS HOUSE	Facility ID:	007611	Reg Svcs:	IID (AUSTIN REGION)	·	Region 07 - AUSTIN
Facility Information: ROSS HOUSE 3215 WESTERN DR	·		Reg Svcs:	IID (AUSTIN REGION)	Owner Information	Region 07 - AUSTIN
Facility Information: ROSS HOUSE 3215 WESTERN DR AUSTIN	Facility ID:	78745	·	IID (AUSTIN REGION)	Owner Information PREMIEANT INCORPORATED	·
Facility Information: ROSS HOUSE 3215 WESTERN DR AUSTIN Phone (512) 916-1632	·	78745 Fax	(512) 916-1639		Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON	,BLDG 2
Facility Information: ROSS HOUSE 3215 WESTERN DR AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0	·	78745 Fax TITLE 18:	(512) 916-1639 0	IID (AUSTIN REGION) ICF/IID: 6	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX	,BLDG 2 78745 FAX : (512) 916-1639
Facility Information: ROSS HOUSE 3215 WESTERN DR AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	78745 Fax TITLE 18: TITLE19:	(512) 916-1639 0		Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID	,BLDG 2 78745
Facility Information: ROSS HOUSE 3215 WESTERN DR AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0	·	78745 Fax TITLE 18:	(512) 916-1639 0		Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632	,BLDG 2 78745 FAX : (512) 916-1639
Facility Information: ROSS HOUSE 3215 WESTERN DR AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS	тх	78745 Fax TITLE 18: TITLE19: TITLE 18/19:	(512) 916-1639 0		Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/27/2018	,BLDG 2 78745 FAX : (512) 916-1639
Facility Information: ROSS HOUSE 3215 WESTERN DR AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information:	·	78745 Fax TITLE 18: TITLE19:	(512) 916-1639 0 0	ICF/IID: 6	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/27/2018 Owner Information	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: ROSS HOUSE 3215 WESTERN DR AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: SALEM MEADOW	TX Facility ID:	78745 Fax TITLE 18: TITLE19: TITLE 18/19:	(512) 916-1639 0 0	ICF/IID: 6	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/27/2018 Owner Information EDUCARE COMMUNITY LIVING CORPORATION	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: ROSS HOUSE 3215 WESTERN DR AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information:	TX Facility ID:	78745 Fax TITLE 18: TITLE19: TITLE 18/19:	(512) 916-1639 0 0	ICF/IID: 6	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/27/2018 Owner Information EDUCARE COMMUNITY LIVING CORPORTS	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: ROSS HOUSE 3215 WESTERN DR AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: SALEM MEADOW 1402 SALEM MEADOW CIRCLE	TX Facility ID:	78745 Fax TITLE 18: TITLE19: TITLE 18/19:	(512) 916-1639 0 0	ICF/IID: 6	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/27/2018 Owner Information EDUCARE COMMUNITY LIVING CORPORTS 9901 LINN STATION RD LOUISVILLE KY	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN PRATION - TEXAS 40223
Facility Information: ROSS HOUSE 3215 WESTERN DR AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: SALEM MEADOW 1402 SALEM MEADOW CIRCLAUSTIN	TX Facility ID:	78745	(512) 916-1639 0 0 0 Reg Svcs:	ICF/IID: 6	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/27/2018 Owner Information EDUCARE COMMUNITY LIVING CORPORTS 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN PRATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: ROSS HOUSE 3215 WESTERN DR AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: SALEM MEADOW 1402 SALEM MEADOW CIRCLAUSTIN Phone (512) 326-4828	TX Facility ID:	78745	(512) 916-1639 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION)	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/27/2018 Owner Information EDUCARE COMMUNITY LIVING CORPORTS 9901 LINN STATION RD LOUISVILLE KY	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN PRATION - TEXAS 40223
Facility Information: ROSS HOUSE 3215 WESTERN DR AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: SALEM MEADOW 1402 SALEM MEADOW CIRCLAUSTIN Phone (512) 326-4828 TOTAL Lic Capacity: 0	TX Facility ID:	78745	(512) 916-1639 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION)	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/27/2018 Owner Information EDUCARE COMMUNITY LIVING CORPORTS 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN PRATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: ROSS HOUSE 3215 WESTERN DR AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: SALEM MEADOW 1402 SALEM MEADOW CIRCLAUSTIN Phone (512) 326-4828 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	78745	(512) 916-1639 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION)	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/27/2018 Owner Information EDUCARE COMMUNITY LIVING CORPORT 1 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN PRATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: ROSS HOUSE 3215 WESTERN DR AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: SALEM MEADOW 1402 SALEM MEADOW CIRCL AUSTIN Phone (512) 326-4828 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	78745	(512) 916-1639 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/27/2018 Owner Information EDUCARE COMMUNITY LIVING CORPORT 1 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
Facility Information: ROSS HOUSE 3215 WESTERN DR AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: SALEM MEADOW 1402 SALEM MEADOW CIRCL AUSTIN Phone (512) 326-4828 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: SHADY HOLLOW	TX Facility ID: E TX	78745	(512) 916-1639 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/27/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: ROSS HOUSE 3215 WESTERN DR AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: SALEM MEADOW 1402 SALEM MEADOW CIRCL AUSTIN Phone (512) 326-4828 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: SHADY HOLLOW 11403 BOOT HILL	Facility ID: E TX Facility ID:	78745	(512) 916-1639 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/27/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: ROSS HOUSE 3215 WESTERN DR AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: SALEM MEADOW 1402 SALEM MEADOW CIRCL AUSTIN Phone (512) 326-4828 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: SHADY HOLLOW	TX Facility ID: E TX	78745	(512) 916-1639 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/27/2018 Owner Information EDUCARE COMMUNITY LIVING CORPORT (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORT (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: ROSS HOUSE 3215 WESTERN DR AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: SALEM MEADOW 1402 SALEM MEADOW CIRCL AUSTIN Phone (512) 326-4828 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: SALEM MEADOW CIRCL AUSTIN Phone (512) 326-4828 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: SHADY HOLLOW 11403 BOOT HILL AUSTIN Phone (512) 282-8777	Facility ID: E TX Facility ID:	78745	(512) 916-1639 0 0 0 Reg Svcs: 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6 IID (AUSTIN REGION)	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/27/2018 Owner Information EDUCARE COMMUNITY LIVING CORPORATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: ROSS HOUSE 3215 WESTERN DR AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: SALEM MEADOW 1402 SALEM MEADOW CIRCL AUSTIN Phone (512) 326-4828 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: SHADY HOLLOW 11403 BOOT HILL AUSTIN	Facility ID: E TX Facility ID:	78745	(512) 916-1639 0 0 0 Reg Svcs: 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/27/2018 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPO 9901 LINN STATION RD LOUISVILLE KY HONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN PRATION - TEXAS 40223
Facility Information: ROSS HOUSE 3215 WESTERN DR AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: SALEM MEADOW 1402 SALEM MEADOW CIRCL AUSTIN Phone (512) 326-4828 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: SALEM MEADOW CIRCL AUSTIN Phone (512) 326-4828 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: SHADY HOLLOW 11403 BOOT HILL AUSTIN Phone (512) 282-8777 TOTAL Lic Capacity: 0	Facility ID: E TX Facility ID:	78745	(512) 916-1639 0 0 0 Reg Svcs: 0 0 0 Reg Svcs: (512) 892-2524 0	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6 IID (AUSTIN REGION)	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 01/27/2018 Owner Information EDUCARE COMMUNITY LIVING CORPORT (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information EDUCARE (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORT (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN PRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN PRATION - TEXAS 40223 FAX: (502) 394-2285

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County TRAVIS			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	003658	-	·	Owner Information	-
SILVERWAY					PREMIEANT INCORPORATED	
7303 DAUGHERTY AUSTIN	TX	78758			1110 W WILLLIAM CANNON	,BLDG 2
Phone (512) 916-1632		Fax	(512) 916-1639		AUSTIN TX	78745
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (512) 916-1632	FAX : (512) 916-1639
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2018	
County TRAVIS			Reg Svcs:	IID (AUSTIN REGION))	Region 07 - AUSTIN
Facility Information:	Facility ID:	007418			Owner Information	
THE COTTAGE					MARY LEE FOUNDATION	
1334 LAMAR SQUARE DR AUSTIN	TX	78704			1339 LAMAR SQUARE DR	70704
Phone (512) 442-6077		Fax	(512) 442-6825		AUSTIN TX	78704
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (512) 443-5777	FAX : (512) 443-5807
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 08/10/2017	
County TRAVIS			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	003639			Owner Information	
TRAVIS HOUSE					PREMIEANT INCORPORATED	
9112 JAPONICA CT AUSTIN	TX	78748			1110 W WILLLIAM CANNON	,BLDG 2
Phone (512) 916-1632		Fax	(512) 916-1639		AUSTIN TX	78745
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (512) 916-1632	FAX : (512) 916-1639
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/27/2018	
					·	
County TRAVIS			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
County TRAVIS Facility Information:	Facility ID:	003647	Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information: WAGON CROSSING	Facility ID:	003647	Reg Svcs:	IID (AUSTIN REGION)	Owner Information PREMIEANT INCORPORATED	·
Facility Information:	Facility ID:	003647 78745	Reg Svcs:	IID (AUSTIN REGION)	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON	,BLDG 2
Facility Information: WAGON CROSSING 1203 ECHO LN	·		Reg Svcs: (512) 916-1639	IID (AUSTIN REGION)	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX	,BLDG 2 78745
Facility Information: WAGON CROSSING 1203 ECHO LN AUSTIN	·	78745	(512) 916-1639	IID (AUSTIN REGION)	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632	,BLDG 2 78745 FAX: (512) 916-1639
Facility Information: WAGON CROSSING 1203 ECHO LN AUSTIN Phone (512) 916-1632	·	78745 Fax	(512) 916-1639 0		Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX	,BLDG 2 78745
Facility Information: WAGON CROSSING 1203 ECHO LN AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0	·	78745 Fax TITLE 18:	(512) 916-1639 0		Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632	,BLDG 2 78745 FAX: (512) 916-1639
Facility Information: WAGON CROSSING 1203 ECHO LN AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	·	78745 Fax TITLE 18: TITLE19:	(512) 916-1639 0		Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 04/03/2017	,BLDG 2 78745 FAX: (512) 916-1639
Facility Information: WAGON CROSSING 1203 ECHO LN AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	78745 Fax TITLE 18: TITLE19:	(512) 916-1639 0 0	ICF/IID: 6	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 04/03/2017	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED
Facility Information: WAGON CROSSING 1203 ECHO LN AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: WESTGATE	тх	78745 Fax TITLE 18: TITLE19: TITLE 18/19:	(512) 916-1639 0 0	ICF/IID: 6	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 04/03/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORATION	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: WAGON CROSSING 1203 ECHO LN AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information:	тх	78745 Fax TITLE 18: TITLE19: TITLE 18/19:	(512) 916-1639 0 0	ICF/IID: 6	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 04/03/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORTS	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN PRATION - TEXAS
Facility Information: WAGON CROSSING 1203 ECHO LN AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: WESTGATE 7906 APPOMATTOX DR	TX Facility ID:	78745 Fax TITLE 18: TITLE19: TITLE 18/19:	(512) 916-1639 0 0	ICF/IID: 6	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 04/03/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORTS 9901 LINN STATION RD LOUISVILLE KY	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN DRATION - TEXAS 40223
Facility Information: WAGON CROSSING 1203 ECHO LN AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: WESTGATE 7906 APPOMATTOX DR AUSTIN	TX Facility ID:	78745	(512) 916-1639 0 0 0 Reg Svcs:	ICF/IID: 6	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 04/03/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORT 100 CORPORT	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN DRATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: WAGON CROSSING 1203 ECHO LN AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: WESTGATE 7906 APPOMATTOX DR AUSTIN Phone (512) 448-1194	TX Facility ID:	78745	(512) 916-1639 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION)	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 04/03/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORTS 9901 LINN STATION RD LOUISVILLE KY	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN DRATION - TEXAS 40223
Facility Information: WAGON CROSSING 1203 ECHO LN AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: WESTGATE 7906 APPOMATTOX DR AUSTIN Phone (512) 448-1194 TOTAL Lic Capacity: 0	TX Facility ID:	78745	(512) 916-1639 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION)	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 04/03/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORT 100 CORPORT	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN DRATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: WAGON CROSSING 1203 ECHO LN AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: WESTGATE 7906 APPOMATTOX DR AUSTIN Phone (512) 448-1194 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	78745	(512) 916-1639 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION)	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 04/03/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORT IN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN DRATION - TEXAS 40223 FAX: (502) 394-2285
Facility Information: WAGON CROSSING 1203 ECHO LN AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: WESTGATE 7906 APPOMATTOX DR AUSTIN Phone (512) 448-1194 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	78745	(512) 916-1639 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 04/03/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORT IN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
Facility Information: WAGON CROSSING 1203 ECHO LN AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: WESTGATE 7906 APPOMATTOX DR AUSTIN Phone (512) 448-1194 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: WESTGATE 7906 APPOMATTOX DR AUSTIN Phone (512) 448-1194 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: WHISTLESTOP	TX Facility ID:	78745	(512) 916-1639 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 04/03/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORT 1 INN STATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: WAGON CROSSING 1203 ECHO LN AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: WESTGATE 7906 APPOMATTOX DR AUSTIN Phone (512) 448-1194 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information:	TX Facility ID:	78745	(512) 916-1639 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 04/03/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORT (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORT (502) 11/01/2017	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN DRATION - TEXAS
Facility Information: WAGON CROSSING 1203 ECHO LN AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: WESTGATE 7906 APPOMATTOX DR AUSTIN Phone (512) 448-1194 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: WHISTLESTOP 7507 WHISTLESTOP	TX Facility ID: TX Facility ID:	78745	(512) 916-1639 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 04/03/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORT (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORT (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORT (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN DRATION - TEXAS 40223
Facility Information: WAGON CROSSING 1203 ECHO LN AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: WESTGATE 7906 APPOMATTOX DR AUSTIN Phone (512) 448-1194 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: WESTGATE 7906 APPOMATTOX DR AUSTIN Phone (512) 448-1194 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: WHISTLESTOP 7507 WHISTLESTOP AUSTIN	TX Facility ID: TX Facility ID:	78745	(512) 916-1639 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 04/03/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORT (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORT (502) 11/01/2017	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN DRATION - TEXAS
Facility Information: WAGON CROSSING 1203 ECHO LN AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: WESTGATE 7906 APPOMATTOX DR AUSTIN Phone (512) 448-1194 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: WHISTLESTOP 7507 WHISTLESTOP AUSTIN Phone (512) 288-5060	TX Facility ID: TX Facility ID:	78745	(512) 916-1639 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 04/03/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORT (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORT (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORT (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN DRATION - TEXAS 40223
Facility Information: WAGON CROSSING 1203 ECHO LN AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: WESTGATE 7906 APPOMATTOX DR AUSTIN Phone (512) 448-1194 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: WHISTLESTOP 7507 WHISTLESTOP	TX Facility ID: TX Facility ID:	78745	(512) 916-1639 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 04/03/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORT (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORT (502) 11/01/2017	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN DRATION - TEXAS
Facility Information: WAGON CROSSING 1203 ECHO LN AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: WESTGATE 7906 APPOMATTOX DR AUSTIN Phone (512) 448-1194 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: WHISTLESTOP 7507 WHISTLESTOP AUSTIN Phone (512) 288-5060	TX Facility ID: TX Facility ID:	78745	(512) 916-1639 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 04/03/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORT (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORT (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORT (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN DRATION - TEXAS 40223
Facility Information: WAGON CROSSING 1203 ECHO LN AUSTIN Phone (512) 916-1632 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: WESTGATE 7906 APPOMATTOX DR AUSTIN Phone (512) 448-1194 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County TRAVIS Facility Information: WHISTLESTOP 7507 WHISTLESTOP AUSTIN Phone (512) 288-5060 TOTAL Lic Capacity: 0	TX Facility ID: TX Facility ID:	78745	(512) 916-1639 0 0 Reg Svcs: 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information PREMIEANT INCORPORATED 1110 W WILLLIAM CANNON AUSTIN TX PHONE: (512) 916-1632 PROGRAM TYPE: ICF/IID License Exp Dt: 04/03/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017 Owner Information EDUCARE COMMUNITY LIVING CORPORATION RD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 11/01/2017	,BLDG 2 78745 FAX: (512) 916-1639 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN DRATION - TEXAS 40223 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN DRATION - TEXAS 40223 FAX: (502) 394-2285

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County TRAVIS			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	007609			Owner Information	
WILLIAMS HOUSE					PREMIEANT INCORPORATED	
5908 WESTGATE BLVD AUSTIN	TX	78745			1110 W WILLLIAM CANNON	,BLDG 2
Phone (512) 916-1632		Fax	(512) 916-1639		AUSTIN TX	78745
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (512) 916-1632	FAX : (512) 916-1639
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/27/2018	
County TRAVIS			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	003974			Owner Information	
PFLUGERVILLE COMMUNITY	HOME				EDUCARE COMMUNITY LIVING LIMITE	D PARTNERSHIP
514 OAT MEADOW DRIVE PFLUGERVILLE	TX	78660-4347			9901 LINN STATION ROAD	
Phone (512) 251-0427		Fax	(713) 622-9141		LOUISVILLE KY	40223-3808
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (502) 394-2100	FAX : (502) 394-2285
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2017	
County TRAVIS			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	007633			Owner Information	
WILDRIDGE					EDUCARE COMMUNITY LIVING CORPO	ORATION - TEXAS
904 VICTORIA RIDGE PFLUGERVILLE	TX	78660			9901 LINN STATION RD	
Phone (512) 251-4956		Fax			LOUISVILLE KY	40223
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (502) 394-2100	FAX: (502) 394-2285
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 03/01/2018	
County UPSHUR			Reg Svcs:	ICF/IID TEAM		Region 04 - TYLER
County UPSHUR Facility Information:	Facility ID:	007293	Reg Svcs:	ICF/IID TEAM	Owner Information	Region 04 - TYLER
Facility Information: WOODBINE COMMUNITY HO	•	007293	Reg Svcs:	ICF/IID TEAM	Owner Information D & S RESIDENTIAL SERVICES LP	Region 04 - TYLER
Facility Information: WOODBINE COMMUNITY HO 2402 WOODBINE	ME		Reg Svcs:	ICF/IID TEAM		Region 04 - TYLER ,BLDG 1 STE 1300
Facility Information: WOODBINE COMMUNITY HO	•	007293 75647 Fax	Reg Svcs:	ICF/IID TEAM	D & S RESIDENTIAL SERVICES LP	,
Facility Information: WOODBINE COMMUNITY HO 2402 WOODBINE GLADEWATER Phone (903) 845-4660	ME	75647 Fax			D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY	,BLDG 1 STE 1300
Facility Information: WOODBINE COMMUNITY HO 2402 WOODBINE GLADEWATER	ME	75647	0	ICF/IID TEAM ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX	,BLDG 1 STE 1300 78759
Facility Information: WOODBINE COMMUNITY HO 2402 WOODBINE GLADEWATER Phone (903) 845-4660 TOTAL Lic Capacity: 0	ME	75647 Fax TITLE 18:	0		D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355
Facility Information: WOODBINE COMMUNITY HO 2402 WOODBINE GLADEWATER Phone (903) 845-4660 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	ME	75647 Fax TITLE 18: TITLE19:	0 0 0		D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355
Facility Information: WOODBINE COMMUNITY HO 2402 WOODBINE GLADEWATER Phone (903) 845-4660 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	ME	75647 Fax TITLE 18: TITLE19:	0 0	ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED
Facility Information: WOODBINE COMMUNITY HO 2402 WOODBINE GLADEWATER Phone (903) 845-4660 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County UVALDE	TX Facility ID:	75647 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: WOODBINE COMMUNITY HO 2402 WOODBINE GLADEWATER Phone (903) 845-4660 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County UVALDE Facility Information: DOROTHY JO COMMUNITY H 625 DOROTHY JO CIR	TX Facility ID:	75647 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: WOODBINE COMMUNITY HO 2402 WOODBINE GLADEWATER Phone (903) 845-4660 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County UVALDE Facility Information: DOROTHY JO COMMUNITY H 625 DOROTHY JO CIR UVALDE	TX Facility ID:	75647 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: WOODBINE COMMUNITY HO 2402 WOODBINE GLADEWATER Phone (903) 845-4660 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County UVALDE Facility Information: DOROTHY JO COMMUNITY H 625 DOROTHY JO CIR UVALDE Phone (830) 278-1905	TX Facility ID:	75647 Fax TITLE 18: TITLE19: TITLE 18/19: 007343 78801-4434 Fax	0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO
Facility Information: WOODBINE COMMUNITY HO 2402 WOODBINE GLADEWATER Phone (903) 845-4660 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County UVALDE Facility Information: DOROTHY JO COMMUNITY H 625 DOROTHY JO CIR UVALDE	TX Facility ID:	75647 Fax TITLE 18: TITLE19: TITLE 18/19: 007343 78801-4434	0 0 0 Reg Svcs:	ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO D PARTNERSHIP 40223-3808
Facility Information: WOODBINE COMMUNITY HO 2402 WOODBINE GLADEWATER Phone (903) 845-4660 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County UVALDE Facility Information: DOROTHY JO COMMUNITY H 625 DOROTHY JO CIR UVALDE Phone (830) 278-1905 TOTAL Lic Capacity: 0	TX Facility ID:	75647	0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO D PARTNERSHIP 40223-3808 FAX: (502) 394-2285
Facility Information: WOODBINE COMMUNITY HO 2402 WOODBINE GLADEWATER Phone (903) 845-4660 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County UVALDE Facility Information: DOROTHY JO COMMUNITY H 625 DOROTHY JO CIR UVALDE Phone (830) 278-1905 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	75647	0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 08 - SAN ANTONIO D PARTNERSHIP 40223-3808 FAX: (502) 394-2285
Facility Information: WOODBINE COMMUNITY HO 2402 WOODBINE GLADEWATER Phone (903) 845-4660 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County UVALDE Facility Information: DOROTHY JO COMMUNITY H 625 DOROTHY JO CIR UVALDE Phone (830) 278-1905 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	75647	0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	,BLDG 1 STE 1300
Facility Information: WOODBINE COMMUNITY HO 2402 WOODBINE GLADEWATER Phone (903) 845-4660 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County UVALDE Facility Information: DOROTHY JO COMMUNITY H625 DOROTHY JO CIR UVALDE Phone (830) 278-1905 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County UVALDE	TX Facility ID: IOME TX	75647	0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	,BLDG 1 STE 1300
Facility Information: WOODBINE COMMUNITY HO 2402 WOODBINE GLADEWATER Phone (903) 845-4660 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County UVALDE Facility Information: DOROTHY JO COMMUNITY H 625 DOROTHY JO CIR UVALDE Phone (830) 278-1905 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County UVALDE Facility Information: NOPAL COMMUNITY HOME 802 E NOPAL ST	Facility ID: TX Facility ID:	75647	0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information	,BLDG 1 STE 1300
Facility Information: WOODBINE COMMUNITY HO 2402 WOODBINE GLADEWATER Phone (903) 845-4660 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County UVALDE Facility Information: DOROTHY JO COMMUNITY H 625 DOROTHY JO CIR UVALDE Phone (830) 278-1905 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County UVALDE Facility Information: NOPAL COMMUNITY HOME 802 E NOPAL ST UVALDE	TX Facility ID: IOME TX	75647	0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	,BLDG 1 STE 1300
Facility Information: WOODBINE COMMUNITY HO 2402 WOODBINE GLADEWATER Phone (903) 845-4660 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County UVALDE Facility Information: DOROTHY JO COMMUNITY H 625 DOROTHY JO CIR UVALDE Phone (830) 278-1905 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County UVALDE Facility Information: NOPAL COMMUNITY HOME 802 E NOPAL ST UVALDE Phone (830) 278-6958	Facility ID: TX Facility ID:	75647 Fax TITLE 18: TITLE19: TITLE 18/19: 007343 78801-4434 Fax TITLE 18: TITLE19: TITLE 18/19: 007500 78801-5400 Fax	0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6 TEAM ICF-IID	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD	,BLDG 1 STE 1300
Facility Information: WOODBINE COMMUNITY HO 2402 WOODBINE GLADEWATER Phone (903) 845-4660 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County UVALDE Facility Information: DOROTHY JO COMMUNITY H 625 DOROTHY JO CIR UVALDE Phone (830) 278-1905 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County UVALDE Facility Information: NOPAL COMMUNITY HOME 802 E NOPAL ST UVALDE Phone (830) 278-6958 TOTAL Lic Capacity: 0	Facility ID: TX Facility ID:	75647	0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY	,BLDG 1 STE 1300
Facility Information: WOODBINE COMMUNITY HO 2402 WOODBINE GLADEWATER Phone (903) 845-4660 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County UVALDE Facility Information: DOROTHY JO COMMUNITY H 625 DOROTHY JO CIR UVALDE Phone (830) 278-1905 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County UVALDE Facility Information: NOPAL COMMUNITY HOME 802 E NOPAL ST UVALDE Phone (830) 278-6958	Facility ID: TX Facility ID:	75647 Fax TITLE 18: TITLE19: TITLE 18/19: 007343 78801-4434 Fax TITLE 18: TITLE19: TITLE 18/19: 007500 78801-5400 Fax	0 0 0 Reg Svcs: 0 0 0 0 Reg Svcs:	ICF/IID: 6 TEAM ICF-IID ICF/IID: 6 TEAM ICF-IID	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 OWNER INFORMATION ROAD LOUISVILLE KY PHONE: (502) 394-2100	,BLDG 1 STE 1300

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County VAL VERDE			R	eg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	007290	1.0	og 0 100.	TEX WITCH THE	Owner Information	region to o, uv, uvi evide
JOHN GLENN COMMUNITY H	•					EDUCARE COMMUNITY LIVING LIMITED	PARTNERSHIP
110 JOHN GLENN DR						9901 LINN STATION ROAD	
DEL RIO	TX	78840-2315				LOUISVILLE KY	40223-3808
Phone (830) 774-3904		Fax				PHONE : (502) 394-2100	FAX : (502) 394-2285
TOTAL Lic Capacity: 0		TITLE 18:			ICF/IID: 6	PROGRAM TYPE: CF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:					SERVICE THE PROPERTY OF THE STATE OF THE STA
PRIVATE Beds: 0		TITLE 18/19:	0			License Exp Dt: 01/01/2017	
County VAL VERDE			Re	eg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	007237				Owner Information	DADTHEDOUR
MICHELLE COMMUNITY HON 93 MICHELLE DR	lE .					EDUCARE COMMUNITY LIVING LIMITED	PARTNERSHIP
DEL RIO	TX	78840-2621				9901 LINN STATION ROAD LOUISVILLE KY	40223-3808
Phone (830) 775-9594		Fax					
TOTAL Lic Capacity: 0		TITLE 18:	0		ICF/IID: 6	PHONE : (502) 394-2100	FAX : (502) 394-2285
Cert Alzh Capacity: 0		TITLE19:	0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0			License Exp Dt: 01/01/2019	
County VAN ZANDT			Re	eg Svcs:	ICF/IID TEAM		Region 04 - TYLER
Facility Information:	Facility ID:	003841				Owner Information	
CANTON GROUP HOME MILL	CREEK FEMA	LES				ANDREWS CENTER	
1611 MILLCREEK CANTON	TX	75103				2323 W FRONT ST	
Phone (903) 567-4526	17	Fax				TYLER TX	75702
, ,		TITLE 18:	0		ICF/IID: 8	PHONE : (903) 567-1351	FAX : (903) 535-7384
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0		TITLE 10:			ICF/IID: 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0		TITLE 18/19:				License Exp Dt:	
		,	•				
					IOE IIID TEAM		D : 04 7450
County VAN ZANDT	Eacility ID:	003772	Re	eg Svcs:	ICF/IID TEAM	Owner Information	Region 04 - TYLER
Facility Information:	Facility ID:	003772	Re	eg Svcs:	ICF/IID TEAM	Owner Information ANDREWS CENTER	Region 04 - TYLER
•	•	003772	Re	eg Svcs:	ICF/IID TEAM	ANDREWS CENTER	Region 04 - TYLER
Facility Information: ELLIOTT DRIVE GROUP HOM 1738 ELLIOTT DR CANTON	•	75103	Re	eg Svcs:	ICF/IID TEAM		Region 04 - TYLER
Facility Information: ELLIOTT DRIVE GROUP HOM 1738 ELLIOTT DR	ΙΕ		Re	eg Svcs:	ICF/IID TEAM	ANDREWS CENTER 2323 W FRONT ST TYLER TX	75702
Facility Information: ELLIOTT DRIVE GROUP HOM 1738 ELLIOTT DR CANTON Phone (903) 567-4541 TOTAL Lic Capacity: 0	ΙΕ	75103			ICF/IID TEAM ICF/IID: 10	ANDREWS CENTER 2323 W FRONT ST TYLER TX PHONE: (903) 567-1351	75702 FAX: (903) 535-7384
Facility Information: ELLIOTT DRIVE GROUP HOM 1738 ELLIOTT DR CANTON Phone (903) 567-4541 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	ΙΕ	75103 Fax TITLE 18: TITLE19:	0 0			ANDREWS CENTER 2323 W FRONT ST TYLER TX PHONE: (903) 567-1351 PROGRAM TYPE: ICF/IID	75702
Facility Information: ELLIOTT DRIVE GROUP HOM 1738 ELLIOTT DR CANTON Phone (903) 567-4541 TOTAL Lic Capacity: 0	ΙΕ	75103 Fax TITLE 18:	0 0			ANDREWS CENTER 2323 W FRONT ST TYLER TX PHONE: (903) 567-1351	75702 FAX: (903) 535-7384
Facility Information: ELLIOTT DRIVE GROUP HOM 1738 ELLIOTT DR CANTON Phone (903) 567-4541 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	ΙΕ	75103 Fax TITLE 18: TITLE19:	0 0 0			ANDREWS CENTER 2323 W FRONT ST TYLER TX PHONE: (903) 567-1351 PROGRAM TYPE: ICF/IID	75702 FAX: (903) 535-7384
Facility Information: ELLIOTT DRIVE GROUP HOM 1738 ELLIOTT DR CANTON Phone (903) 567-4541 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County VICTORIA Facility Information:	ΙΕ	75103 Fax TITLE 18: TITLE19:	0 0 0		ICF/IID: 10	ANDREWS CENTER 2323 W FRONT ST TYLER TX PHONE: (903) 567-1351 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information	75702 FAX: (903) 535-7384 SERVICE TYPE GOVERNMENT BASED
Facility Information: ELLIOTT DRIVE GROUP HOM 1738 ELLIOTT DR CANTON Phone (903) 567-4541 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County VICTORIA Facility Information: EDINBURGH HOME	TX	75103 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0		ICF/IID: 10	ANDREWS CENTER 2323 W FRONT ST TYLER TX PHONE: (903) 567-1351 PROGRAM TYPE: CF/IID License Exp Dt: Owner Information UCG CENTRAL TEXAS HOLDINGS LLC	75702 FAX: (903) 535-7384 SERVICE TYPE GOVERNMENT BASED
Facility Information: ELLIOTT DRIVE GROUP HOM 1738 ELLIOTT DR CANTON Phone (903) 567-4541 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County VICTORIA Facility Information:	TX	75103 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0		ICF/IID: 10	ANDREWS CENTER 2323 W FRONT ST TYLER TX PHONE: (903) 567-1351 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK	75702 FAX: (903) 535-7384 SERVICE TYPE GOVERNMENT BASED Region 08 - SAN ANTONIO
Facility Information: ELLIOTT DRIVE GROUP HOM 1738 ELLIOTT DR CANTON Phone (903) 567-4541 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County VICTORIA Facility Information: EDINBURGH HOME 306 EDINBURGH	TX Facility ID:	75103 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0		ICF/IID: 10	ANDREWS CENTER 2323 W FRONT ST TYLER TX PHONE: (903) 567-1351 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK NEW BRAUNFELS TX	75702 FAX: (903) 535-7384 SERVICE TYPE GOVERNMENT BASED Region 08 - SAN ANTONIO 78130
Facility Information: ELLIOTT DRIVE GROUP HOM 1738 ELLIOTT DR CANTON Phone (903) 567-4541 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County VICTORIA Facility Information: EDINBURGH HOME 306 EDINBURGH VICTORIA	TX Facility ID:	75103 Fax TITLE 18: TITLE19: TITLE 18/19: 003938	0 0 0	eg Svcs:	ICF/IID: 10	ANDREWS CENTER 2323 W FRONT ST TYLER TX PHONE: (903) 567-1351 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK	75702 FAX: (903) 535-7384 SERVICE TYPE GOVERNMENT BASED Region 08 - SAN ANTONIO
Facility Information: ELLIOTT DRIVE GROUP HOM 1738 ELLIOTT DR CANTON Phone (903) 567-4541 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County VICTORIA Facility Information: EDINBURGH HOME 306 EDINBURGH VICTORIA Phone (512) 578-2940	TX Facility ID:	75103	0 0 0 Re	eg Svcs:	ICF/IID: 10 TEAM ICF-IID	ANDREWS CENTER 2323 W FRONT ST TYLER TX PHONE: (903) 567-1351 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK NEW BRAUNFELS TX	75702 FAX: (903) 535-7384 SERVICE TYPE GOVERNMENT BASED Region 08 - SAN ANTONIO
Facility Information: ELLIOTT DRIVE GROUP HOM 1738 ELLIOTT DR CANTON Phone (903) 567-4541 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County VICTORIA Facility Information: EDINBURGH HOME 306 EDINBURGH VICTORIA Phone (512) 578-2940 TOTAL Lic Capacity: 0	TX Facility ID:	75103	0 0 0 Re	eg Svcs:	ICF/IID: 10 TEAM ICF-IID	ANDREWS CENTER 2323 W FRONT ST TYLER TX PHONE: (903) 567-1351 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK NEW BRAUNFELS TX PHONE: (830) 372-2920	75702 FAX: (903) 535-7384 SERVICE TYPE GOVERNMENT BASED Region 08 - SAN ANTONIO 78130 FAX: (214) 723-5331
Facility Information: ELLIOTT DRIVE GROUP HOM 1738 ELLIOTT DR CANTON Phone (903) 567-4541 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County VICTORIA Facility Information: EDINBURGH HOME 306 EDINBURGH VICTORIA Phone (512) 578-2940 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	75103	0 0 0 Re	eg Svcs:	ICF/IID: 10 TEAM ICF-IID	ANDREWS CENTER 2323 W FRONT ST TYLER TX PHONE: (903) 567-1351 PROGRAM TYPE: ICF/IID License Exp Dt: Cowner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK NEW BRAUNFELS TX PHONE: (830) 372-2920 PROGRAM TYPE: ICF/IID	75702 FAX: (903) 535-7384 SERVICE TYPE GOVERNMENT BASED Region 08 - SAN ANTONIO 78130 FAX: (214) 723-5331
Facility Information: ELLIOTT DRIVE GROUP HOM 1738 ELLIOTT DR CANTON Phone (903) 567-4541 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County VICTORIA Facility Information: EDINBURGH HOME 306 EDINBURGH VICTORIA Phone (512) 578-2940 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	75103	0 0 0 Re	eg Svcs:	ICF/IID: 10 TEAM ICF-IID ICF/IID: 6	ANDREWS CENTER 2323 W FRONT ST TYLER TX PHONE: (903) 567-1351 PROGRAM TYPE: ICF/IID License Exp Dt: Cowner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK NEW BRAUNFELS TX PHONE: (830) 372-2920 PROGRAM TYPE: ICF/IID	75702 FAX: (903) 535-7384 SERVICE TYPE GOVERNMENT BASED Region 08 - SAN ANTONIO 78130 FAX: (214) 723-5331 SERVICE TYPE GOVERNMENT BASED
Facility Information: ELLIOTT DRIVE GROUP HOM 1738 ELLIOTT DR CANTON Phone (903) 567-4541 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County VICTORIA Facility Information: EDINBURGH HOME 306 EDINBURGH VICTORIA Phone (512) 578-2940 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County VICTORIA	Facility ID:	75103	0 0 0 Re	eg Svcs:	ICF/IID: 10 TEAM ICF-IID ICF/IID: 6	ANDREWS CENTER 2323 W FRONT ST TYLER TX PHONE: (903) 567-1351 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK NEW BRAUNFELS TX PHONE: (830) 372-2920 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018	75702 FAX: (903) 535-7384 SERVICE TYPE GOVERNMENT BASED Region 08 - SAN ANTONIO 78130 FAX: (214) 723-5331 SERVICE TYPE GOVERNMENT BASED
Facility Information: ELLIOTT DRIVE GROUP HOM 1738 ELLIOTT DR CANTON Phone (903) 567-4541 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County VICTORIA Facility Information: EDINBURGH HOME 306 EDINBURGH VICTORIA Phone (512) 578-2940 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County VICTORIA Facility Information: NORTHCREST GROUP HOME 902 BELLEVUE	Facility ID: TX Facility ID:	75103	0 0 0 Re	eg Svcs:	ICF/IID: 10 TEAM ICF-IID ICF/IID: 6	ANDREWS CENTER 2323 W FRONT ST TYLER TX PHONE: (903) 567-1351 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK NEW BRAUNFELS TX PHONE: (830) 372-2920 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018	75702 FAX: (903) 535-7384 SERVICE TYPE GOVERNMENT BASED Region 08 - SAN ANTONIO 78130 FAX: (214) 723-5331 SERVICE TYPE GOVERNMENT BASED
Facility Information: ELLIOTT DRIVE GROUP HOM 1738 ELLIOTT DR CANTON Phone (903) 567-4541 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County VICTORIA Facility Information: EDINBURGH HOME 306 EDINBURGH VICTORIA Phone (512) 578-2940 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County VICTORIA Facility Information: NORTHCREST GROUP HOME 902 BELLEVUE VICTORIA	Facility ID:	75103	0 0 0 Re	eg Svcs:	ICF/IID: 10 TEAM ICF-IID ICF/IID: 6	ANDREWS CENTER 2323 W FRONT ST TYLER TX PHONE: (903) 567-1351 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK NEW BRAUNFELS TX PHONE: (830) 372-2920 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information UCG CENTRAL TEXAS HOLDINGS LLC	75702 FAX: (903) 535-7384 SERVICE TYPE GOVERNMENT BASED Region 08 - SAN ANTONIO 78130 FAX: (214) 723-5331 SERVICE TYPE GOVERNMENT BASED
Facility Information: ELLIOTT DRIVE GROUP HOME 1738 ELLIOTT DR CANTON Phone (903) 567-4541 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County VICTORIA Facility Information: EDINBURGH HOME 306 EDINBURGH VICTORIA Phone (512) 578-2940 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County VICTORIA Facility Information: NORTHCREST GROUP HOME 902 BELLEVUE VICTORIA Phone (512) 578-1527	Facility ID: TX Facility ID:	75103	0 0 0 Re	eg Svcs:	ICF/IID: 10 TEAM ICF-IID ICF/IID: 6	ANDREWS CENTER 2323 W FRONT ST TYLER TX PHONE: (903) 567-1351 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK NEW BRAUNFELS TX PHONE: (830) 372-2920 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK	75702 FAX: (903) 535-7384 SERVICE TYPE GOVERNMENT BASED Region 08 - SAN ANTONIO 78130 FAX: (214) 723-5331 SERVICE TYPE GOVERNMENT BASED Region 08 - SAN ANTONIO
Facility Information: ELLIOTT DRIVE GROUP HOME 1738 ELLIOTT DR CANTON Phone (903) 567-4541 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County VICTORIA Facility Information: EDINBURGH HOME 306 EDINBURGH VICTORIA Phone (512) 578-2940 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County VICTORIA Facility Information: NORTHCREST GROUP HOME 902 BELLEVUE VICTORIA Phone (512) 578-1527 TOTAL Lic Capacity: 0	Facility ID: TX Facility ID:	75103	0 0 0 Re	eg Svcs:	ICF/IID: 10 TEAM ICF-IID ICF/IID: 6	ANDREWS CENTER 2323 W FRONT ST TYLER TX PHONE: (903) 567-1351 PROGRAM TYPE: ICF/IID License Exp Dt: Cwner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK NEW BRAUNFELS TX PHONE: (830) 372-2920 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Cwner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK NEW BRAUNFELS TX Control Texas Holdings LLC TSO RUSK NEW BRAUNFELS TX	75702 FAX: (903) 535-7384 SERVICE TYPE GOVERNMENT BASED Region 08 - SAN ANTONIO 78130 FAX: (214) 723-5331 SERVICE TYPE GOVERNMENT BASED Region 08 - SAN ANTONIO 78130
Facility Information: ELLIOTT DRIVE GROUP HOME 1738 ELLIOTT DR CANTON Phone (903) 567-4541 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County VICTORIA Facility Information: EDINBURGH HOME 306 EDINBURGH VICTORIA Phone (512) 578-2940 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County VICTORIA Facility Information: NORTHCREST GROUP HOME 902 BELLEVUE VICTORIA Phone (512) 578-1527	Facility ID: TX Facility ID:	75103	0 0 0 Ref	eg Svcs:	ICF/IID: 10 TEAM ICF-IID ICF/IID: 6	ANDREWS CENTER 2323 W FRONT ST TYLER (903) 567-1351 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK NEW BRAUNFELS TX PHONE: (830) 372-2920 PROGRAM TYPE: ICF/IID License Exp Dt: 03/01/2018 Owner Information UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK NEW BRAUNFELS TX PHONE: (830) 372-2920 TOWNER INFORMATION UCG CENTRAL TEXAS HOLDINGS LLC 750 RUSK NEW BRAUNFELS TX PHONE: (830) 372-2920	75702 FAX: (903) 535-7384 SERVICE TYPE GOVERNMENT BASED Region 08 - SAN ANTONIO 78130 FAX: (214) 723-5331 SERVICE TYPE GOVERNMENT BASED Region 08 - SAN ANTONIO 78130 FAX: (214) 723-5331

 Wednesday, January 04, 2017
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County VICTORIA			Reg Svcs:	TEAM ICF-IID		Region 08 - SAN ANTONIO
Facility Information:	Facility ID:	003926			Owner Information	
VICTORIA GROUP HOME					UCG CENTRAL TEXAS HOLDINGS LLC	
2006 N WHEELER VICTORIA	TX	77901			750 RUSK	
Phone (512) 575-1558		Fax			NEW BRAUNFELS TX	78130
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (830) 372-2920	FAX : (214) 723-5331
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 03/01/2018	
County WALKER			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	007504			Owner Information	
HUNTSVILLE HOUSE					TRI COUNTY MHMR SERVICES	
63 STATE HWY 75 N HUNTSVILLE	TX	77340			PO BOX 3067	
Phone (409) 760-2008		Fax			CONROE TX	77305
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE:	FAX:
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt:	
County WALLER			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	105801			Owner Information	
WILLOW RIVER FARMS - #12					THE CENTER SERVING PERSONS WITH	MENTAL RETARDATION
4073 FM 3318 BROOKSHIRE	TX	77423			3550 WEST DALLAS	
Phone (713) 525-8300	17	Fax	(979) 885-1007		HOUSTON TX	77019
TOTAL Lic Capacity: 0		TITLE 18:	,	ICF/IID: 6	PHONE: (713) 525-8400	FAX: (713) 525-8334
Cert Alzh Capacity: 0		TITLE 10:		ioi/iib. 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 03/18/2018	
County WALLED			Dog Cyps:	LINIT 24 (ICE/MD)		Pagion 06 HOUSTON
County WALLER Facility Information:	Facility ID:	105802	Reg Svcs:	UNIT 21 (ICF/MR)	Owner Information	Region 06 - HOUSTON
County WALLER Facility Information: WILLOW RIVER FARMS - #4	Facility ID:	105802	Reg Svcs:	UNIT 21 (ICF/MR)	Owner Information THE CENTER SERVING PERSONS WITH	·
Facility Information: WILLOW RIVER FARMS - #4 4073 FM 3318	-		Reg Svcs:	UNIT 21 (ICF/MR)		·
Facility Information: WILLOW RIVER FARMS - #4 4073 FM 3318 BROOKSHIRE	Facility ID:	77423	·	UNIT 21 (ICF/MR)	THE CENTER SERVING PERSONS WITH	·
Facility Information: WILLOW RIVER FARMS - #4 4073 FM 3318 BROOKSHIRE Phone (713) 525-8300	-	77423 Fax	(979) 885-1007	, ,	THE CENTER SERVING PERSONS WITH 3550 WEST DALLAS	H MENTAL RETARDATION
Facility Information: WILLOW RIVER FARMS - #4 4073 FM 3318 BROOKSHIRE Phone (713) 525-8300 TOTAL Lic Capacity: 0	-	77423 Fax TITLE 18:	(979) 885-1007 0	UNIT 21 (ICF/MR) ICF/IID: 6	THE CENTER SERVING PERSONS WITH 3550 WEST DALLAS HOUSTON TX	H MENTAL RETARDATION 77019
Facility Information: WILLOW RIVER FARMS - #4 4073 FM 3318 BROOKSHIRE Phone (713) 525-8300 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	-	77423 Fax TITLE 18: TITLE19:	(979) 885-1007 0	, ,	THE CENTER SERVING PERSONS WITH 3550 WEST DALLAS HOUSTON TX PHONE: (713) 525-8400 PROGRAM TYPE: ICF/IID	H MENTAL RETARDATION 77019 FAX: (713) 525-8334
Facility Information: WILLOW RIVER FARMS - #4 4073 FM 3318 BROOKSHIRE Phone (713) 525-8300 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	-	77423 Fax TITLE 18:	(979) 885-1007 0 0	ICF/IID: 6	THE CENTER SERVING PERSONS WITH 3550 WEST DALLAS HOUSTON TX PHONE: (713) 525-8400	H MENTAL RETARDATION 77019 FAX: (713) 525-8334 SERVICE TYPE PRIVATELY OWNED
Facility Information: WILLOW RIVER FARMS - #4 4073 FM 3318 BROOKSHIRE Phone (713) 525-8300 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WALLER	тх	77423 Fax TITLE 18: TITLE19: TITLE 18/19:	(979) 885-1007 0	, ,	THE CENTER SERVING PERSONS WITH 3550 WEST DALLAS HOUSTON TX PHONE: (713) 525-8400 PROGRAM TYPE: ICF/IID License Exp Dt: 03/18/2018	H MENTAL RETARDATION 77019 FAX: (713) 525-8334
Facility Information: WILLOW RIVER FARMS - #4 4073 FM 3318 BROOKSHIRE Phone (713) 525-8300 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WALLER Facility Information:	-	77423 Fax TITLE 18: TITLE19:	(979) 885-1007 0 0	ICF/IID: 6	THE CENTER SERVING PERSONS WITH 3550 WEST DALLAS HOUSTON TX PHONE: (713) 525-8400 PROGRAM TYPE: ICF/IID License Exp Dt: 03/18/2018 Owner Information	H MENTAL RETARDATION 77019 FAX: (713) 525-8334 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: WILLOW RIVER FARMS - #4 4073 FM 3318 BROOKSHIRE Phone (713) 525-8300 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WALLER Facility Information: WILLOW RIVER FARMS (1B) 4073 FM 3318 - 1B	TX Facility ID:	77423 Fax TITLE 18: TITLE19: TITLE 18/19:	(979) 885-1007 0 0	ICF/IID: 6	THE CENTER SERVING PERSONS WITH 3550 WEST DALLAS HOUSTON TX PHONE: (713) 525-8400 PROGRAM TYPE: ICF/IID License Exp Dt: 03/18/2018	H MENTAL RETARDATION 77019 FAX: (713) 525-8334 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: WILLOW RIVER FARMS - #4 4073 FM 3318 BROOKSHIRE Phone (713) 525-8300 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WALLER Facility Information: WILLOW RIVER FARMS (1B) 4073 FM 3318 - 1B BROOKSHIRE	тх	77423	(979) 885-1007 0 0 0 Reg Svcs:	ICF/IID: 6	THE CENTER SERVING PERSONS WITH 3550 WEST DALLAS HOUSTON TX PHONE: (713) 525-8400 PROGRAM TYPE: ICF/IID License Exp Dt: 03/18/2018 Owner Information THE CENTER SERVING PERSONS WITH	H MENTAL RETARDATION 77019 FAX: (713) 525-8334 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON
Facility Information: WILLOW RIVER FARMS - #4 4073 FM 3318 BROOKSHIRE Phone (713) 525-8300 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WALLER Facility Information: WILLOW RIVER FARMS (1B) 4073 FM 3318 - 1B BROOKSHIRE Phone (713) 525-8300	TX Facility ID:	77423	(979) 885-1007 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR)	THE CENTER SERVING PERSONS WITH 3550 WEST DALLAS HOUSTON TX PHONE: (713) 525-8400 PROGRAM TYPE: ICF/IID License Exp Dt: 03/18/2018 Owner Information THE CENTER SERVING PERSONS WITH 3550 WEST DALLAS	H MENTAL RETARDATION 77019 FAX: (713) 525-8334 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON H MENTAL RETARDATION
Facility Information: WILLOW RIVER FARMS - #4 4073 FM 3318 BROOKSHIRE Phone (713) 525-8300 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WALLER Facility Information: WILLOW RIVER FARMS (1B) 4073 FM 3318 - 1B BROOKSHIRE Phone (713) 525-8300 TOTAL Lic Capacity: 0	TX Facility ID:	77423	(979) 885-1007 0 0 Reg Svcs:	ICF/IID: 6	THE CENTER SERVING PERSONS WITH 3550 WEST DALLAS HOUSTON TX PHONE: (713) 525-8400 PROGRAM TYPE: ICF/IID License Exp Dt: 03/18/2018 Owner Information THE CENTER SERVING PERSONS WITH 3550 WEST DALLAS HOUSTON TX	H MENTAL RETARDATION 77019 FAX: (713) 525-8334 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON H MENTAL RETARDATION 77019
Facility Information: WILLOW RIVER FARMS - #4 4073 FM 3318 BROOKSHIRE Phone (713) 525-8300 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County WALLER Facility Information: WILLOW RIVER FARMS (1B) 4073 FM 3318 - 1B BROOKSHIRE Phone (713) 525-8300 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	77423	(979) 885-1007 0 0 Reg Svcs: (979) 885-1007 0	ICF/IID: 6 UNIT 21 (ICF/MR)	THE CENTER SERVING PERSONS WITH 3550 WEST DALLAS HOUSTON TX PHONE: (713) 525-8400 PROGRAM TYPE: ICF/IID License Exp Dt: 03/18/2018 Owner Information THE CENTER SERVING PERSONS WITH 3550 WEST DALLAS HOUSTON TX PHONE: (713) 525-8400 PROGRAM TYPE: ICF/IID	H MENTAL RETARDATION 77019 FAX: (713) 525-8334 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON H MENTAL RETARDATION 77019 FAX: (713) 525-8334
Facility Information: WILLOW RIVER FARMS - #4 4073 FM 3318 BROOKSHIRE Phone (713) 525-8300 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County WALLER Facility Information: WILLOW RIVER FARMS (1B) 4073 FM 3318 - 1B BROOKSHIRE Phone (713) 525-8300 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	77423	(979) 885-1007 0 0 Reg Svcs: (979) 885-1007 0	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 5	THE CENTER SERVING PERSONS WITH 3550 WEST DALLAS HOUSTON TX PHONE: (713) 525-8400 PROGRAM TYPE: ICF/IID License Exp Dt: 03/18/2018 Owner Information THE CENTER SERVING PERSONS WITH 3550 WEST DALLAS HOUSTON TX PHONE: (713) 525-8400	TOTOLS TOTOLS FAX: (713) 525-8334 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON H MENTAL RETARDATION 77019 FAX: (713) 525-8334 SERVICE TYPE PRIVATELY OWNED
Facility Information: WILLOW RIVER FARMS - #4 4073 FM 3318 BROOKSHIRE Phone (713) 525-8300 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County WALLER Facility Information: WILLOW RIVER FARMS (1B) 4073 FM 3318 - 1B BROOKSHIRE Phone (713) 525-8300 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WALLER	TX Facility ID:	77423	(979) 885-1007 0 0 Reg Svcs: (979) 885-1007 0	ICF/IID: 6 UNIT 21 (ICF/MR)	THE CENTER SERVING PERSONS WITH 3550 WEST DALLAS HOUSTON TX PHONE: (713) 525-8400 PROGRAM TYPE: ICF/IID License Exp Dt: 03/18/2018 Owner Information THE CENTER SERVING PERSONS WITH 3550 WEST DALLAS HOUSTON TX PHONE: (713) 525-8400 PROGRAM TYPE: ICF/IID License Exp Dt: 04/11/2018	H MENTAL RETARDATION 77019 FAX: (713) 525-8334 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON H MENTAL RETARDATION 77019 FAX: (713) 525-8334
Facility Information: WILLOW RIVER FARMS - #4 4073 FM 3318 BROOKSHIRE Phone (713) 525-8300 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WALLER Facility Information: WILLOW RIVER FARMS (1B) 4073 FM 3318 - 1B BROOKSHIRE Phone (713) 525-8300 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WALLER Facility Information:	TX Facility ID:	77423	(979) 885-1007 0 0 Reg Svcs: (979) 885-1007 0	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 5	THE CENTER SERVING PERSONS WITH 3550 WEST DALLAS HOUSTON TX PHONE: (713) 525-8400 PROGRAM TYPE: ICF/IID License Exp Dt: 03/18/2018 Owner Information THE CENTER SERVING PERSONS WITH 3550 WEST DALLAS HOUSTON TX PHONE: (713) 525-8400 PROGRAM TYPE: ICF/IID License Exp Dt: 04/11/2018	TOTO TOTO TOTO TO THE TOTO TO THE TOTO TO TOTO TO
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Facility Information: WILLOW RIVER FARMS - #4 4073 FM 3318 BROOKSHIRE Phone (713) 525-8300 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WALLER Facility Information: WILLOW RIVER FARMS (1B) 4073 FM 3318 - 1B BROOKSHIRE Phone (713) 525-8300 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WALLER Facility Information: WILLOW RIVER FARMS (1A) 4073 FM 3318 - 1A BROOKSHIRE	TX Facility ID:	77423	(979) 885-1007 0 0 0 Reg Svcs: (979) 885-1007 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 5	THE CENTER SERVING PERSONS WITH 3550 WEST DALLAS HOUSTON TX PHONE: (713) 525-8400 PROGRAM TYPE: ICF/IID License Exp Dt: 03/18/2018 Owner Information THE CENTER SERVING PERSONS WITH 3550 WEST DALLAS HOUSTON TX PHONE: (713) 525-8400 PROGRAM TYPE: ICF/IID License Exp Dt: 04/11/2018	TOTO TOTO TOTO TO THE TOTO TO THE TOTO TO TOTO TO
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Facility Information: WILLOW RIVER FARMS - #4 4073 FM 3318 BROOKSHIRE Phone (713) 525-8300 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WALLER Facility Information: WILLOW RIVER FARMS (1B) 4073 FM 3318 - 1B BROOKSHIRE Phone (713) 525-8300 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WALLER Facility Information: WILLOW RIVER FARMS (1A) 4073 FM 3318 - 1A BROOKSHIRE Phone (979) 885-1007 TOTAL Lic Capacity: 0	TX Facility ID: TX Facility ID:	77423	(979) 885-1007 0 0 Reg Svcs: (979) 885-1007 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 5	THE CENTER SERVING PERSONS WITH 3550 WEST DALLAS HOUSTON TX PHONE: (713) 525-8400 PROGRAM TYPE: ICF/IID License Exp Dt: 03/18/2018 Owner Information THE CENTER SERVING PERSONS WITH 3550 WEST DALLAS HOUSTON TX PHONE: (713) 525-8400 PROGRAM TYPE: ICF/IID License Exp Dt: 04/11/2018 Owner Information THE CENTER SERVING PERSONS WITH 3550 WEST DALLAS HOUSTON TX PHONE: (713) 525-8400 THE CENTER SERVING PERSONS WITH 3550 WEST DALLAS HOUSTON TX	TOTOLS TOTOLS FAX: (713) 525-8334 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON H MENTAL RETARDATION 77019 FAX: (713) 525-8334 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON H MENTAL RETARDATION 77019 FAX: (713) 525-8334
Facility Information: WILLOW RIVER FARMS - #4 4073 FM 3318 BROOKSHIRE Phone (713) 525-8300 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WALLER Facility Information: WILLOW RIVER FARMS (1B) 4073 FM 3318 - 1B BROOKSHIRE Phone (713) 525-8300 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WALLER Facility Information: WILLOW RIVER FARMS (1A) 4073 FM 3318 - 1A BROOKSHIRE Phone (979) 885-1007	TX Facility ID: TX Facility ID:	77423	(979) 885-1007 0 0 Reg Svcs: (979) 885-1007 0 0 Reg Svcs:	ICF/IID: 6 UNIT 21 (ICF/MR) ICF/IID: 5 UNIT 21 (ICF/MR)	THE CENTER SERVING PERSONS WITH 3550 WEST DALLAS HOUSTON TX PHONE: (713) 525-8400 PROGRAM TYPE: ICF/IID License Exp Dt: 03/18/2018 Owner Information THE CENTER SERVING PERSONS WITH 3550 WEST DALLAS HOUSTON TX PHONE: (713) 525-8400 PROGRAM TYPE: ICF/IID License Exp Dt: 04/11/2018 Owner Information THE CENTER SERVING PERSONS WITH 3550 WEST DALLAS HOUSTON TX	TOTOLO TOTOLO FAX: (713) 525-8334 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON TOTOLO FAX: (713) 525-8334 SERVICE TYPE PRIVATELY OWNED Region 06 - HOUSTON Region 06 - HOUSTON TOTOLO Region 06 - HOUSTON TOTOLO TOTO

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County WALLER			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	103357	-		Owner Information	-
WILLOW RIVER FARMS (5A)					THE CENTER SERVING PERSONS WITH	H MENTAL RETARDATION
4073 FM 3318 - 5A BROOKSHIRE	TX	77423			3550 WEST DALLAS	
Phone (713) 525-8300	17	Fax	(979) 885-1007		HOUSTON TX	77019
TOTAL Lic Capacity: 0		TITLE 18:	, ,	ICF/IID: 5	PHONE : (713) 525-8400	FAX : (713) 525-8334
Cert Alzh Capacity: 0		TITLE 10:		IOI /IID. J	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 04/10/2018	
-			-			B : 00 HOUGTON
County WALLER	Eggility ID:	102256	Reg Svcs:	UNIT 21 (ICF/MR)	Ourner Information	Region 06 - HOUSTON
Facility Information: WILLOW RIVER FARMS (5B)	Facility ID:	103356			Owner Information THE CENTER SERVING PERSONS WITH	H MENTAL PETARDATION
4073 FM 3318 - 5B					3550 WEST DALLAS	TWENTAL NETANDATION
BROOKSHIRE	TX	77423			HOUSTON TX	77019
Phone (713) 525-8300		Fax	(979) 885-1007		PHONE: (713) 525-8400	FAX: (713) 525-8334
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 5	,	,
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 04/10/2018	
County WALLER			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	101330			Owner Information	
WILLOW RIVER FARMS 10					THE CENTER SERVING PERSONS WIT	H MENTAL RETARDATION
4073 FM 3318 BROOKSHIRE	TX	77423			3550 WEST DALLAS	
Phone (713) 525-8300	17	Fax	(979) 885-1007		HOUSTON TX	77019
TOTAL Lic Capacity: 0		TITLE 18:	, ,	ICF/IID: 6	PHONE : (713) 525-8400	FAX : (713) 525-8334
Cert Alzh Capacity: 0		TITLE 10.		ICF/IID. 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 03/11/2017	
-					21001100 2AP 241 0071112011	
County WALLER	F:!!4. ID.	404224	Reg Svcs:	UNIT 21 (ICF/MR)	O	Region 06 - HOUSTON
Facility Information: WILLOW RIVER FARMS 11	Facility ID:	101331			Owner Information THE CENTER SERVING PERSONS WITH	H MENTAL PETAPPATION
4073 FM 3318					3550 WEST DALLAS	TWENTALKETANDATION
BROOKSHIRE	TX	77423			HOUSTON TX	77019
Phone (713) 525-8300		Fax	(979) 885-1007		PHONE : (713) 525-8400	FAX: (713) 525-8334
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	,	,
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0						
		TITLE 18/19:	0		License Exp Dt: 03/12/2017	
County WASHINGTON		TITLE 18/19:	0 Reg Svcs:	UNIT 21 (ICF/MR)	License Exp Dt: 03/12/2017	Region 07 - AUSTIN
County WASHINGTON Facility Information:	Facility ID:	007110		UNIT 21 (ICF/MR)	License Exp Dt: 03/12/2017 Owner Information	
Facility Information: BRENHAM STATE SUPPORT	=	007110		UNIT 21 (ICF/MR)	Owner Information DADS	
Facility Information:	=	007110		UNIT 21 (ICF/MR)	Owner Information DADS PO BOX 12668	Region 07 - AUSTIN
Facility Information: BRENHAM STATE SUPPORT HIGHWAY 36 SOUTH	ED LIVING CE	007110 NTER		UNIT 21 (ICF/MR)	Owner Information DADS	
Facility Information: BRENHAM STATE SUPPORT HIGHWAY 36 SOUTH BRENHAM	ED LIVING CE	007110 NTER 77833	Reg Svcs:	UNIT 21 (ICF/MR) ICF/IID: 520	Owner Information DADS PO BOX 12668	Region 07 - AUSTIN
Facility Information: BRENHAM STATE SUPPORT HIGHWAY 36 SOUTH BRENHAM Phone (979) 836-4511	ED LIVING CE	007110 NTER 77833 Fax	Reg Svcs: (979) 277-1865 0	, ,	Owner Information DADS PO BOX 12668 AUSTIN TX	Region 07 - AUSTIN 78711 FAX: SERVICE TYPE STATE SCHOOL/STATE
Facility Information: BRENHAM STATE SUPPORT HIGHWAY 36 SOUTH BRENHAM Phone (979) 836-4511 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	ED LIVING CE	007110 NTER 77833 Fax TITLE 18: TITLE19:	Reg Svcs: (979) 277-1865 0	, ,	Owner Information DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID	Region 07 - AUSTIN 78711 FAX:
Facility Information: BRENHAM STATE SUPPORT HIGHWAY 36 SOUTH BRENHAM Phone (979) 836-4511 TOTAL Lic Capacity: 0	ED LIVING CE	007110 NTER 77833 Fax TITLE 18:	Reg Svcs: (979) 277-1865 0	, ,	Owner Information DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761	Region 07 - AUSTIN 78711 FAX: SERVICE TYPE STATE SCHOOL/STATE
Facility Information: BRENHAM STATE SUPPORT HIGHWAY 36 SOUTH BRENHAM Phone (979) 836-4511 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	ED LIVING CE	007110 NTER 77833 Fax TITLE 18: TITLE19:	Reg Svcs: (979) 277-1865 0	, ,	Owner Information DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID	Region 07 - AUSTIN 78711 FAX: SERVICE TYPE STATE SCHOOL/STATE
Facility Information: BRENHAM STATE SUPPORT HIGHWAY 36 SOUTH BRENHAM Phone (979) 836-4511 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	ED LIVING CE	007110 NTER 77833 Fax TITLE 18: TITLE19:	Reg Svcs: (979) 277-1865 0 0	ICF/IID: 520	Owner Information DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID	Region 07 - AUSTIN 78711 FAX: SERVICE TYPE STATE SCHOOL/STATE CENTER
Facility Information: BRENHAM STATE SUPPORT HIGHWAY 36 SOUTH BRENHAM Phone (979) 836-4511 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WHARTON Facility Information: EL CAMPO #2	ED LIVING CE	007110 NTER 77833 Fax TITLE 18: TITLE19:	Reg Svcs: (979) 277-1865 0 0	ICF/IID: 520	Owner Information DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt:	Region 07 - AUSTIN 78711 FAX: SERVICE TYPE STATE SCHOOL/STATE CENTER
Facility Information: BRENHAM STATE SUPPORT HIGHWAY 36 SOUTH BRENHAM Phone (979) 836-4511 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WHARTON Facility Information: EL CAMPO #2 4912 NORTH FM 441 RD	ED LIVING CE	007110 NTER 77833 Fax TITLE 18: TITLE 19: TITLE 18/19:	Reg Svcs: (979) 277-1865 0 0	ICF/IID: 520	Owner Information DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information MEMEEHA LLC 1909 WEST LOOP	Region 07 - AUSTIN 78711 FAX: SERVICE TYPE STATE SCHOOL/STATE CENTER Region 06 - HOUSTON
Facility Information: BRENHAM STATE SUPPORT HIGHWAY 36 SOUTH BRENHAM Phone (979) 836-4511 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WHARTON Facility Information: EL CAMPO #2	ED LIVING CE TX Facility ID:	007110 NTER 77833 Fax TITLE 18: TITLE19:	Reg Svcs: (979) 277-1865 0 0	ICF/IID: 520	Owner Information DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information MEMEEHA LLC	Region 07 - AUSTIN 78711 FAX: SERVICE TYPE STATE SCHOOL/STATE CENTER
Facility Information: BRENHAM STATE SUPPORT HIGHWAY 36 SOUTH BRENHAM Phone (979) 836-4511 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WHARTON Facility Information: EL CAMPO #2 4912 NORTH FM 441 RD EL CAMPO Phone (979) 543-4186	ED LIVING CE TX Facility ID:	007110 NTER 77833 Fax TITLE 18: TITLE 19: 007820 77437 Fax	Reg Svcs: (979) 277-1865 0 0 Reg Svcs:	ICF/IID: 520 UNIT 21 (ICF/MR)	Owner Information DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information MEMEEHA LLC 1909 WEST LOOP	Region 07 - AUSTIN 78711 FAX: SERVICE TYPE STATE SCHOOL/STATE CENTER Region 06 - HOUSTON
Facility Information: BRENHAM STATE SUPPORT HIGHWAY 36 SOUTH BRENHAM Phone (979) 836-4511 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WHARTON Facility Information: EL CAMPO #2 4912 NORTH FM 441 RD EL CAMPO	ED LIVING CE TX Facility ID:	007110 NTER 77833 Fax TITLE 18: TITLE 19: 007820 77437	Reg Svcs: (979) 277-1865 0 0 Reg Svcs:	ICF/IID: 520	Owner Information DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information MEMEEHA LLC 1909 WEST LOOP EL CAMPO TX	Region 07 - AUSTIN 78711 FAX: SERVICE TYPE STATE SCHOOL/STATE CENTER Region 06 - HOUSTON
Facility Information: BRENHAM STATE SUPPORT HIGHWAY 36 SOUTH BRENHAM Phone (979) 836-4511 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WHARTON Facility Information: EL CAMPO #2 4912 NORTH FM 441 RD EL CAMPO Phone (979) 543-4186 TOTAL Lic Capacity: 0	ED LIVING CE TX Facility ID:	007110 NTER 77833 Fax TITLE 18: TITLE 19: 007820 77437 Fax TITLE 18:	Reg Svcs: (979) 277-1865 0 0 Reg Svcs: (979) 543-8517 0 0	ICF/IID: 520 UNIT 21 (ICF/MR)	Owner Information DADS PO BOX 12668 AUSTIN TX PHONE: (512) 454-3761 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information MEMEEHA LLC 1909 WEST LOOP EL CAMPO TX PHONE: (979) 543-4186	Region 07 - AUSTIN 78711 FAX: SERVICE TYPE STATE SCHOOL/STATE CENTER Region 06 - HOUSTON 77437 FAX: (979) 543-8517

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County WHARTON			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	007822	· ·	,	Owner Information	•
EL CAMPO #3					MEMEEHA LLC	
4200 CR 360 EL CAMPO	TX	77437			1909 WEST LOOP	
Phone (979) 543-4186	17	Fax	(979) 543-8517		EL CAMPO TX	77437
TOTAL Lic Capacity: 0		TITLE 18:	, ,	ICF/IID: 6	PHONE: (979) 543-4186	FAX: (979) 543-8517
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 09/22/2018	
County WHARTON			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	007819	110g 0100.	ONT 21 (IOI /WIN)	Owner Information	riogion do moderati
EL CAMPO 1	-				MEMEEHA LLC	
3396 CR 355	TV	77.407			1909 WEST LOOP	
EL CAMPO Phone (979) 543-4186	TX	77437 Fax	(979) 543-8517		EL CAMPO TX	77437
, ,			, ,	IOF/IID C	PHONE : (979) 543-4186	FAX: (979) 543-8517
TOTAL Lic Capacity: 0		TITLE 18: TITLE19:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0 PRIVATE Beds: 0		TITLE 18/19:				· ·
		111LE 18/19:	U		License Exp Dt: 12/01/2017	
County WHARTON			Reg Svcs:	UNIT 21 (ICF/MR)		Region 06 - HOUSTON
Facility Information:	Facility ID:	007821			Owner Information	
EL CAMPO 4 577 C.R. 346					MEMEEHA LLC	
EL CAMPO	TX	77437			1909 WEST LOOP EL CAMPO TX	77437
Phone (979) 543-4186		Fax	(979) 543-8517			
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE: (979) 543-4186	FAX: (979) 543-8517
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 12/01/2017	
County WICHITA			Reg Svcs:	ICF/IID		Region 02 - ABILENE
County WICHITA Facility Information:	Facility ID:	007392	Reg Svcs:	ICF/IID	Owner Information	Region 02 - ABILENE
Facility Information: MEADOWVIEW GROUP HOM	•	007392	Reg Svcs:	ICF/IID	Owner Information EDUCARE COMMUNITY LIVING LIMITE	·
Facility Information:	•	007392 76354-3138	Reg Svcs:	ICF/IID	EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD	D PARTNERSHIP
Facility Information: MEADOWVIEW GROUP HOM 1331 E SYCAMORE DR	IE		Reg Svcs:	ICF/IID	EDUCARE COMMUNITY LIVING LIMITE	·
Facility Information: MEADOWVIEW GROUP HOM 1331 E SYCAMORE DR BURKBURNETT Phone (940) 569-0098	IE	76354-3138 Fax	·	ICF/IID ICF/IID: 6	EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD	D PARTNERSHIP
Facility Information: MEADOWVIEW GROUP HOM 1331 E SYCAMORE DR BURKBURNETT	IE	76354-3138	0		EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY	D PARTNERSHIP 40223-3808
Facility Information: MEADOWVIEW GROUP HOM 1331 E SYCAMORE DR BURKBURNETT Phone (940) 569-0098 TOTAL Lic Capacity: 0	IE	76354-3138 Fax TITLE 18:	0 0		EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285
Facility Information: MEADOWVIEW GROUP HOM 1331 E SYCAMORE DR BURKBURNETT Phone (940) 569-0098 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	IE	76354-3138 Fax TITLE 18: TITLE19:	0 0 0		EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
Facility Information: MEADOWVIEW GROUP HOM 1331 E SYCAMORE DR BURKBURNETT Phone (940) 569-0098 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	IE	76354-3138 Fax TITLE 18: TITLE19:	0 0	ICF/IID: 6	EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285
Facility Information: MEADOWVIEW GROUP HOM 1331 E SYCAMORE DR BURKBURNETT Phone (940) 569-0098 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WICHITA	TX Facility ID:	76354-3138 Fax TITLE 18: TITLE19: TITLE 18/19:	0 0 0	ICF/IID: 6	EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE
Facility Information: MEADOWVIEW GROUP HOM 1331 E SYCAMORE DR BURKBURNETT Phone (940) 569-0098 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WICHITA Facility Information: WESTVIEW COMMUNITY HO 1001 PAWHUSKA LN	TX Facility ID:	76354-3138	0 0 0	ICF/IID: 6	EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE
Facility Information: MEADOWVIEW GROUP HOM 1331 E SYCAMORE DR BURKBURNETT Phone (940) 569-0098 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WICHITA Facility Information: WESTVIEW COMMUNITY HO 1001 PAWHUSKA LN BURKBURNETT	TX Facility ID:	76354-3138	0 0 0 Reg Svcs:	ICF/IID: 6	PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE
Facility Information: MEADOWVIEW GROUP HOM 1331 E SYCAMORE DR BURKBURNETT Phone (940) 569-0098 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WICHITA Facility Information: WESTVIEW COMMUNITY HO 1001 PAWHUSKA LN BURKBURNETT Phone (940) 569-2053	TX Facility ID:	76354-3138	0 0 0 Reg Svcs:	ICF/IID: 6	PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE D PARTNERSHIP
Facility Information: MEADOWVIEW GROUP HOM 1331 E SYCAMORE DR BURKBURNETT Phone (940) 569-0098 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WICHITA Facility Information: WESTVIEW COMMUNITY HO 1001 PAWHUSKA LN BURKBURNETT Phone (940) 569-2053 TOTAL Lic Capacity: 0	TX Facility ID:	76354-3138	0 0 0 Reg Svcs: (940) 723-1504	ICF/IID: 6	EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE D PARTNERSHIP 40223-3808
Facility Information: MEADOWVIEW GROUP HOM 1331 E SYCAMORE DR BURKBURNETT Phone (940) 569-0098 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WICHITA Facility Information: WESTVIEW COMMUNITY HO 1001 PAWHUSKA LN BURKBURNETT Phone (940) 569-2053	TX Facility ID:	76354-3138	0 0 0 Reg Svcs: (940) 723-1504 0	ICF/IID: 6	PHONE: (502) 394-2100 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE D PARTNERSHIP 40223-3808 FAX: (502) 394-2285
Facility Information: MEADOWVIEW GROUP HOM 1331 E SYCAMORE DR BURKBURNETT Phone (940) 569-0098 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WICHITA Facility Information: WESTVIEW COMMUNITY HO 1001 PAWHUSKA LN BURKBURNETT Phone (940) 569-2053 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID:	76354-3138	0 0 0 Reg Svcs: (940) 723-1504 0 0	ICF/IID: 6 ICF/IID	EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED
Facility Information: MEADOWVIEW GROUP HOM 1331 E SYCAMORE DR BURKBURNETT Phone (940) 569-0098 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County WICHITA Facility Information: WESTVIEW COMMUNITY HO 1001 PAWHUSKA LN BURKBURNETT Phone (940) 569-2053 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WICHITA	TX Facility ID: ME TX	76354-3138	0 0 0 Reg Svcs: (940) 723-1504 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID COUNCE IN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Councer Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE D PARTNERSHIP 40223-3808 FAX: (502) 394-2285
Facility Information: MEADOWVIEW GROUP HOM 1331 E SYCAMORE DR BURKBURNETT Phone (940) 569-0098 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WICHITA Facility Information: WESTVIEW COMMUNITY HO 1001 PAWHUSKA LN BURKBURNETT Phone (940) 569-2053 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WICHITA Facility Information:	Facility ID: TX Facility ID: TX	76354-3138	0 0 0 Reg Svcs: (940) 723-1504 0 0	ICF/IID: 6 ICF/IID	EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE
Facility Information: MEADOWVIEW GROUP HOM 1331 E SYCAMORE DR BURKBURNETT Phone (940) 569-0098 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County WICHITA Facility Information: WESTVIEW COMMUNITY HO 1001 PAWHUSKA LN BURKBURNETT Phone (940) 569-2053 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WICHITA	Facility ID: TX Facility ID: TX	76354-3138	0 0 0 Reg Svcs: (940) 723-1504 0 0	ICF/IID: 6 ICF/IID	PHONE: (502) 394-2100 COMMENTATION ROAD LICENSE EXP Dt: 01/01/2017 COMMENTATION ROAD LICENSE EXP DT: 01/01/2017 COMMENTATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID LICENSE EXP DT: 01/01/2017 COMMENTATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID LICENSE EXP DT: 01/01/2017 COMMENTATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID LICENSE EXP DT: 01/01/2017	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE
Facility Information: MEADOWVIEW GROUP HOM 1331 E SYCAMORE DR BURKBURNETT Phone (940) 569-0098 TOTAL Lic Capacity: 0	Facility ID: TX Facility ID: TX	76354-3138	0 0 0 Reg Svcs: (940) 723-1504 0 0	ICF/IID: 6 ICF/IID	EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE
Facility Information: MEADOWVIEW GROUP HOM 1331 E SYCAMORE DR BURKBURNETT Phone (940) 569-0098 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WICHITA Facility Information: WESTVIEW COMMUNITY HO 1001 PAWHUSKA LN BURKBURNETT Phone (940) 569-2053 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WICHITA Facility Information: CLARA COTTAGE COMMUNI 621 W CLARA AVE	Facility ID: TX Facility ID: TY HOME	76354-3138	0 0 0 Reg Svcs: (940) 723-1504 0 0	ICF/IID: 6 ICF/IID: 6 ICF/IID: 1	PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE D PARTNERSHIP 40223-3808
Facility Information: MEADOWVIEW GROUP HOM 1331 E SYCAMORE DR BURKBURNETT Phone (940) 569-0098 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WICHITA Facility Information: WESTVIEW COMMUNITY HO 1001 PAWHUSKA LN BURKBURNETT Phone (940) 569-2053 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WICHITA Facility Information: CLARA COTTAGE COMMUNIT 621 W CLARA AVE IOWA PARK Phone (940) 592-2257 TOTAL Lic Capacity: 0	Facility ID: TX Facility ID: TY HOME	76354-3138	0 0 0 Reg Svcs: (940) 723-1504 0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID	PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE D PARTNERSHIP 40223-3808 FAX: (502) 394-2285
Facility Information: MEADOWVIEW GROUP HOM 1331 E SYCAMORE DR BURKBURNETT Phone (940) 569-0098 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WICHITA Facility Information: WESTVIEW COMMUNITY HO 1001 PAWHUSKA LN BURKBURNETT Phone (940) 569-2053 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WICHITA Facility Information: CLARA COTTAGE COMMUNI 621 W CLARA AVE IOWA PARK Phone (940) 592-2257	Facility ID: TX Facility ID: TY HOME	76354-3138	0 0 0 Reg Svcs: (940) 723-1504 0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID: 6 ICF/IID: 1	PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017 Owner Information EDUCARE COMMUNITY LIVING LIMITE 9901 LINN STATION ROAD LOUISVILLE KY PHONE: (502) 394-2100 PROGRAM TYPE: ICF/IID License Exp Dt: 01/01/2017	D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE D PARTNERSHIP 40223-3808 FAX: (502) 394-2285 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE D PARTNERSHIP 40223-3808

 Wednesday, January 04, 2017
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County WICHITA			Reg Svcs:	ICF/IID		Region 02 - ABILENE
Facility Information:	Facility ID:	007361	·		Owner Information	•
CUMBERLAND COURT					HIGH PLAINS HEALTH PROVIDERS INC	
2114 8TH ST WICHITA FALLS	TX	76301			1505 P B LN	
Phone (940) 322-2948		Fax			WICHITA FALLS TX	76302
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (940) 766-6751	FAX: (940) 766-6753
Cert Alzh Capacity: 0		TITLE 19:		IOI NID. 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 04/01/2018	
0 4 14/04/174				105/110	·	D : 00 ADWENT
County WICHITA	Facility ID:	007556	Reg Svcs:	ICF/IID	Owner Information	Region 02 - ABILENE
Facility Information: HAMLIN HOUSE	racility ib.	007550			HIGH PLAINS HEALTH PROVIDERS INC	
1509 P B LN					1505 P B LN	
WICHITA FALLS	TX	76302			WICHITA FALLS TX	76302
Phone (940) 322-8104		Fax	(940) 766-6753		PHONE : (940) 766-6751	FAX : (940) 766-6753
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:				OLIVIOE TIPE FINIVATELT OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 08/17/2018	
County WICHITA			Reg Svcs:	ICF/IID		Region 02 - ABILENE
Facility Information:	Facility ID:	003827			Owner Information	
HORIZON HOUSE					HELEN FARABEE CENTER	
1604 ARLINGTON ST WICHITA FALLS	TX	76302			PO BOX 8266	
Phone (940) 723-8048		Fax	(940) 723-8048		WICHITA FALLS TX	76307
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (940) 397-3101	FAX : (940) 397-3150
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt:	
					•	
County WICHITA			Reg Svcs:	ICF/IID	·	Region 02 - ABILENE
County WICHITA Facility Information:	Facility ID:	007360	Reg Svcs:	ICF/IID	Owner Information	Region 02 - ABILENE
Facility Information:	Facility ID:	007360	Reg Svcs:	ICF/IID	Owner Information HIGH PLAINS HEALTH PROVIDERS INC	Region 02 - ABILENE
Facility Information: MIRAMAR 2911 AVE L	·		Reg Svcs:	ICF/IID		Region 02 - ABILENE
Facility Information:	Facility ID:	007360 76309 Fax	Reg Svcs:	ICF/IID	HIGH PLAINS HEALTH PROVIDERS INC	Region 02 - ABILENE
Facility Information: MIRAMAR 2911 AVE L WICHITA FALLS Phone (940) 767-4548	·	76309 Fax	(940) 766-6753		HIGH PLAINS HEALTH PROVIDERS INC 1505 P B LN	Ü
Facility Information: MIRAMAR 2911 AVE L WICHITA FALLS	·	76309 Fax	(940) 766-6753 0	ICF/IID ICF/IID: 6	HIGH PLAINS HEALTH PROVIDERS INC 1505 P B LN WICHITA FALLS TX	76302
Facility Information: MIRAMAR 2911 AVE L WICHITA FALLS Phone (940) 767-4548 TOTAL Lic Capacity: 0	·	76309 Fax TITLE 18:	(940) 766-6753 0		HIGH PLAINS HEALTH PROVIDERS INC 1505 P B LN WICHITA FALLS TX PHONE: (940) 766-6751	76302 FAX: (940) 766-6753
Facility Information: MIRAMAR 2911 AVE L WICHITA FALLS Phone (940) 767-4548 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	76309 Fax TITLE 18: TITLE19:	(940) 766-6753 0 0	ICF/IID: 6	HIGH PLAINS HEALTH PROVIDERS INC 1505 P B LN WICHITA FALLS TX PHONE: (940) 766-6751 PROGRAM TYPE: ICF/IID	76302 FAX: (940) 766-6753 SERVICE TYPE PRIVATELY OWNED
Facility Information: MIRAMAR 2911 AVE L WICHITA FALLS Phone (940) 767-4548 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WICHITA	тх	76309 Fax TITLE 18: TITLE19: TITLE 18/19:	(940) 766-6753 0		HIGH PLAINS HEALTH PROVIDERS INC 1505 P B LN WICHITA FALLS TX PHONE: (940) 766-6751 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018	76302 FAX: (940) 766-6753
Facility Information: MIRAMAR 2911 AVE L WICHITA FALLS Phone (940) 767-4548 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	·	76309 Fax TITLE 18: TITLE19:	(940) 766-6753 0 0	ICF/IID: 6	HIGH PLAINS HEALTH PROVIDERS INC 1505 P B LN WICHITA FALLS TX PHONE: (940) 766-6751 PROGRAM TYPE: ICF/IID	76302 FAX: (940) 766-6753 SERVICE TYPE PRIVATELY OWNED
Facility Information: MIRAMAR 2911 AVE L WICHITA FALLS Phone (940) 767-4548 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WICHITA Facility Information: NORRIS PLACE 1555 NORRIS ST	TX Facility ID:	76309 Fax TITLE 18: TITLE19: TITLE 18/19:	(940) 766-6753 0 0	ICF/IID: 6	HIGH PLAINS HEALTH PROVIDERS INC 1505 P B LN WICHITA FALLS TX PHONE: (940) 766-6751 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information	76302 FAX: (940) 766-6753 SERVICE TYPE PRIVATELY OWNED
Facility Information: MIRAMAR 2911 AVE L WICHITA FALLS Phone (940) 767-4548 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WICHITA Facility Information: NORRIS PLACE 1555 NORRIS ST WICHITA FALLS	тх	76309 Fax TITLE 18: TITLE19: TITLE 18/19: 003853 76302	(940) 766-6753 0 0 0 Reg Svcs:	ICF/IID: 6	HIGH PLAINS HEALTH PROVIDERS INC 1505 P B LN WICHITA FALLS TX PHONE: (940) 766-6751 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information HELEN FARABEE CENTER	76302 FAX: (940) 766-6753 SERVICE TYPE PRIVATELY OWNED
Facility Information: MIRAMAR 2911 AVE L WICHITA FALLS Phone (940) 767-4548 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WICHITA Facility Information: NORRIS PLACE 1555 NORRIS ST WICHITA FALLS Phone (940) 397-3362	TX Facility ID:	76309	(940) 766-6753 0 0 0 Reg Svcs:	ICF/IID: 6	HIGH PLAINS HEALTH PROVIDERS INC 1505 P B LN WICHITA FALLS PHONE: (940) 766-6751 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information HELEN FARABEE CENTER PO BOX 8266	76302 FAX: (940) 766-6753 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE
Facility Information: MIRAMAR 2911 AVE L WICHITA FALLS Phone (940) 767-4548 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WICHITA Facility Information: NORRIS PLACE 1555 NORRIS ST WICHITA FALLS Phone (940) 397-3362 TOTAL Lic Capacity: 0	TX Facility ID:	76309 Fax TITLE 18: TITLE 19: TITLE 18/19: 003853 76302 Fax TITLE 18:	(940) 766-6753 0 0 0 Reg Svcs: (940) 397-3388	ICF/IID: 6	HIGH PLAINS HEALTH PROVIDERS INC 1505 P B LN WICHITA FALLS PHONE: (940) 766-6751 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information HELEN FARABEE CENTER PO BOX 8266 WICHITA FALLS TX PHONE: (940) 397-3101	76302 FAX: (940) 766-6753 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE 76307 FAX: (940) 397-3150
Facility Information: MIRAMAR 2911 AVE L WICHITA FALLS Phone (940) 767-4548 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County WICHITA Facility Information: NORRIS PLACE 1555 NORRIS ST WICHITA FALLS Phone (940) 397-3362 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID:	76309 Fax TITLE 18: TITLE 18:19: 003853 76302 Fax TITLE 18: TITLE 18: TITLE 19:	(940) 766-6753 0 0 0 Reg Svcs: (940) 397-3388 0	ICF/IID: 6	HIGH PLAINS HEALTH PROVIDERS INC 1505 P B LN WICHITA FALLS TX PHONE: (940) 766-6751 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information HELEN FARABEE CENTER PO BOX 8266 WICHITA FALLS TX PHONE: (940) 397-3101 PROGRAM TYPE: ICF/IID	76302 FAX: (940) 766-6753 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE 76307
Facility Information: MIRAMAR 2911 AVE L WICHITA FALLS Phone (940) 767-4548 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WICHITA Facility Information: NORRIS PLACE 1555 NORRIS ST WICHITA FALLS Phone (940) 397-3362 TOTAL Lic Capacity: 0	TX Facility ID:	76309 Fax TITLE 18: TITLE 19: TITLE 18/19: 003853 76302 Fax TITLE 18:	(940) 766-6753 0 0 0 Reg Svcs: (940) 397-3388 0 0	ICF/IID: 6	HIGH PLAINS HEALTH PROVIDERS INC 1505 P B LN WICHITA FALLS PHONE: (940) 766-6751 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information HELEN FARABEE CENTER PO BOX 8266 WICHITA FALLS TX PHONE: (940) 397-3101	76302 FAX: (940) 766-6753 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE 76307 FAX: (940) 397-3150
Facility Information: MIRAMAR 2911 AVE L WICHITA FALLS Phone (940) 767-4548 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WICHITA Facility Information: NORRIS PLACE 1555 NORRIS ST WICHITA FALLS Phone (940) 397-3362 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WICHITA	TX Facility ID:	76309 Fax TITLE 18: TITLE19: TITLE 18/19: 003853 76302 Fax TITLE 18: TITLE 18: TITLE 19:	(940) 766-6753 0 0 0 Reg Svcs: (940) 397-3388 0	ICF/IID: 6	HIGH PLAINS HEALTH PROVIDERS INC 1505 P B LN WICHITA FALLS TX PHONE: (940) 766-6751 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information HELEN FARABEE CENTER PO BOX 8266 WICHITA FALLS TX PHONE: (940) 397-3101 PROGRAM TYPE: ICF/IID License Exp Dt:	76302 FAX: (940) 766-6753 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE 76307 FAX: (940) 397-3150
Facility Information: MIRAMAR 2911 AVE L WICHITA FALLS Phone (940) 767-4548 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County WICHITA Facility Information: NORRIS PLACE 1555 NORRIS ST WICHITA FALLS Phone (940) 397-3362 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WICHITA Facility Information:	TX Facility ID:	76309 Fax TITLE 18: TITLE 18:19: 003853 76302 Fax TITLE 18: TITLE 18: TITLE 19:	(940) 766-6753 0 0 0 Reg Svcs: (940) 397-3388 0 0	ICF/IID: 6 ICF/IID ICF/IID: 6	HIGH PLAINS HEALTH PROVIDERS INC 1505 P B LN WICHITA FALLS TX PHONE: (940) 766-6751 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information HELEN FARABEE CENTER PO BOX 8266 WICHITA FALLS TX PHONE: (940) 397-3101 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information	76302 FAX: (940) 766-6753 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE 76307 FAX: (940) 397-3150 SERVICE TYPE GOVERNMENT BASED
Facility Information: MIRAMAR 2911 AVE L WICHITA FALLS Phone (940) 767-4548 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County WICHITA Facility Information: NORRIS PLACE 1555 NORRIS ST WICHITA FALLS Phone (940) 397-3362 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WICHITA Facility Information: OUACHITA FALLS	TX Facility ID:	76309 Fax TITLE 18: TITLE19: TITLE 18/19: 003853 76302 Fax TITLE 18: TITLE 18: TITLE 19:	(940) 766-6753 0 0 0 Reg Svcs: (940) 397-3388 0 0	ICF/IID: 6 ICF/IID ICF/IID: 6	HIGH PLAINS HEALTH PROVIDERS INC 1505 P B LN WICHITA FALLS TX PHONE: (940) 766-6751 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information HELEN FARABEE CENTER PO BOX 8266 WICHITA FALLS TX PHONE: (940) 397-3101 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information D & S RESIDENTIAL SERVICES LP	76302 FAX: (940) 766-6753 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE 76307 FAX: (940) 397-3150 SERVICE TYPE GOVERNMENT BASED Region 02 - ABILENE
Facility Information: MIRAMAR 2911 AVE L WICHITA FALLS Phone (940) 767-4548 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County WICHITA Facility Information: NORRIS PLACE 1555 NORRIS ST WICHITA FALLS Phone (940) 397-3362 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WICHITA Facility Information:	TX Facility ID:	76309 Fax TITLE 18: TITLE19: TITLE 18/19: 003853 76302 Fax TITLE 18: TITLE 18: TITLE 19:	(940) 766-6753 0 0 0 Reg Svcs: (940) 397-3388 0 0	ICF/IID: 6 ICF/IID ICF/IID: 6	HIGH PLAINS HEALTH PROVIDERS INC 1505 P B LN WICHITA FALLS PHONE: (940) 766-6751 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information HELEN FARABEE CENTER PO BOX 8266 WICHITA FALLS TX PHONE: (940) 397-3101 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY	76302 FAX: (940) 766-6753 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE 76307 FAX: (940) 397-3150 SERVICE TYPE GOVERNMENT BASED Region 02 - ABILENE ,BLDG 1 STE 1300
Facility Information: MIRAMAR 2911 AVE L WICHITA FALLS Phone (940) 767-4548 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County WICHITA Facility Information: NORRIS PLACE 1555 NORRIS ST WICHITA FALLS Phone (940) 397-3362 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WICHITA Facility Information: OUACHITA FLATS 6086 KOVARIK RD	TX Facility ID: TX Facility ID:	76309 Fax TITLE 18: TITLE 19: TITLE 18/19: 003853 76302 Fax TITLE 18: TITLE 18: TITLE 19: TITLE 18/19:	(940) 766-6753 0 0 0 Reg Svcs: (940) 397-3388 0 0	ICF/IID: 6 ICF/IID ICF/IID: 6	HIGH PLAINS HEALTH PROVIDERS INC 1505 P B LN WICHITA FALLS TX PHONE: (940) 766-6751 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information HELEN FARABEE CENTER PO BOX 8266 WICHITA FALLS TX PHONE: (940) 397-3101 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX	76302 FAX: (940) 766-6753 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE 76307 FAX: (940) 397-3150 SERVICE TYPE GOVERNMENT BASED Region 02 - ABILENE ,BLDG 1 STE 1300 78759
Facility Information: MIRAMAR 2911 AVE L WICHITA FALLS Phone (940) 767-4548 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County WICHITA Facility Information: NORRIS PLACE 1555 NORRIS ST WICHITA FALLS Phone (940) 397-3362 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WICHITA Facility Information: OUACHITA FALLS 6086 KOVARIK RD WICHITA FALLS	TX Facility ID: TX Facility ID:	76309	(940) 766-6753 0 0 0 Reg Svcs: (940) 397-3388 0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID ICF/IID: 6	HIGH PLAINS HEALTH PROVIDERS INC 1505 P B LN WICHITA FALLS PHONE: (940) 766-6751 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information HELEN FARABEE CENTER PO BOX 8266 WICHITA FALLS TX PHONE: (940) 397-3101 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325	76302 FAX: (940) 766-6753 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE 76307 FAX: (940) 397-3150 SERVICE TYPE GOVERNMENT BASED Region 02 - ABILENE ,BLDG 1 STE 1300 78759 FAX: (512) 327-5355
Facility Information: MIRAMAR 2911 AVE L WICHITA FALLS Phone (940) 767-4548 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WICHITA Facility Information: NORRIS PLACE 1555 NORRIS ST WICHITA FALLS Phone (940) 397-3362 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WICHITA Facility Information: OUACHITA FLATS 6086 KOVARIK RD WICHITA FALLS Phone (940) 723-5410	TX Facility ID: TX Facility ID:	76309	(940) 766-6753 0 0 0 Reg Svcs: (940) 397-3388 0 0 0 Reg Svcs:	ICF/IID: 6 ICF/IID: 6 ICF/IID: 1	HIGH PLAINS HEALTH PROVIDERS INC 1505 P B LN WICHITA FALLS TX PHONE: (940) 766-6751 PROGRAM TYPE: ICF/IID License Exp Dt: 04/01/2018 Owner Information HELEN FARABEE CENTER PO BOX 8266 WICHITA FALLS TX PHONE: (940) 397-3101 PROGRAM TYPE: ICF/IID License Exp Dt: Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX	76302 FAX: (940) 766-6753 SERVICE TYPE PRIVATELY OWNED Region 02 - ABILENE 76307 FAX: (940) 397-3150 SERVICE TYPE GOVERNMENT BASED Region 02 - ABILENE ,BLDG 1 STE 1300 78759

 Wednesday, January 04, 2017
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County WICHITA			Reg Svcs:	ICF/IID		Region 02 - ABILENE
Facility Information:	Facility ID:	007426	·		Owner Information	•
SOMERSET HILLS					HIGH PLAINS HEALTH PROVIDERS INC	
4515 LAKEVIEW DR WICHITA FALLS	TX	76308			1505 P B LN	
Phone (940) 691-6704		Fax	(940) 766-6753		WICHITA FALLS TX	76302
TOTAL Lic Capacity: 0		TITLE 18:	, ,	ICF/IID: 6	PHONE : (940) 766-6751	FAX : (940) 766-6753
Cert Alzh Capacity: 0		TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 07/02/2018	
County WILLIAMSON			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	007538	neg ovos.	IID (AUSTIN REGION)	Owner Information	Negion 07 - AOSTIN
GRANT HOUSE	•				AUSTIN HEALTH RESOURCES INC	
11602 FLINNWOOD CIR	TV	70750			9609 NEW FOUNDLAND CIRCLE	
AUSTIN Phone (512) 331-6970	TX	78750 Fax	(512) 835-8812		AUSTIN TX	78758
, ,			, ,	ICE/IID. 6	PHONE : (512) 835-8955	FAX : (512) 895-8812
TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0		TITLE 18: TITLE19:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:			License Exp Dt: 06/01/2018	
					· · · · · · · · · · · · · · · · · · ·	
County WILLIAMSON	Encility ID	007240	Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information: CEDAR PARK COMMUNITY F	Facility ID:	007310			Owner Information D & S RESIDENTIAL SERVICES LP	
611 POMEGRANATE PASS	CODLINOL				8911 N CAPITAL OF TX HWY	,BLDG 1 STE 1300
CEDAR PARK	TX	78613			AUSTIN TX	78759
Phone (512) 219-1938		Fax	(512) 355-3186		PHONE : (512) 327-2325	FAX : (512) 327-5355
TOTAL Lic Capacity: 0		TITLE 18:		ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0		TITLE19:				SERVICE TIPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 12/01/2017	
County WILLIAMSON			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	007468	Reg Svcs:	IID (AUSTIN REGION)	Owner Information	Region 07 - AUSTIN
Facility Information: DRIFTWOOD COMMUNITY H	•	007468	Reg Svcs:	IID (AUSTIN REGION)	Owner Information D & S RESIDENTIAL SERVICES LP	Ü
Facility Information:	•	007468 78613	Reg Svcs:	IID (AUSTIN REGION)	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY	,BLDG 1 STE 1300
Facility Information: DRIFTWOOD COMMUNITY H 2304 DIJON	OME		Reg Svcs: (512) 327-5355	IID (AUSTIN REGION)	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX	,BLDG 1 STE 1300 78759
Facility Information: DRIFTWOOD COMMUNITY H 2304 DIJON CEDAR PARK	OME	78613	(512) 327-5355	IID (AUSTIN REGION) ICF/IID: 6	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355
Facility Information: DRIFTWOOD COMMUNITY H 2304 DIJON CEDAR PARK Phone (512) 327-2325	OME	78613 Fax	(512) 327-5355 0		Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX	,BLDG 1 STE 1300 78759
Facility Information: DRIFTWOOD COMMUNITY H 2304 DIJON CEDAR PARK Phone (512) 327-2325 TOTAL Lic Capacity: 0	OME	78613 Fax TITLE 18:	(512) 327-5355 0 0		Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355
Facility Information: DRIFTWOOD COMMUNITY H 2304 DIJON CEDAR PARK Phone (512) 327-2325 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	OME	78613 Fax TITLE 18: TITLE19:	(512) 327-5355 0 0		Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355
Facility Information: DRIFTWOOD COMMUNITY H 2304 DIJON CEDAR PARK Phone (512) 327-2325 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	OME	78613 Fax TITLE 18: TITLE19:	(512) 327-5355 0 0	ICF/IID: 6	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED
Facility Information: DRIFTWOOD COMMUNITY H 2304 DIJON CEDAR PARK Phone (512) 327-2325 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: HILL COUNTRY COMMUNITY	OME TX Facility ID:	78613 Fax TITLE 18: TITLE19: TITLE 18/19:	(512) 327-5355 0 0	ICF/IID: 6	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED
Facility Information: DRIFTWOOD COMMUNITY H 2304 DIJON CEDAR PARK Phone (512) 327-2325 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information:	OME TX Facility ID:	78613 Fax TITLE 18: TITLE19: TITLE 18/19:	(512) 327-5355 0 0	ICF/IID: 6	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 1 STE 1300
Facility Information: DRIFTWOOD COMMUNITY H 2304 DIJON CEDAR PARK Phone (512) 327-2325 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: HILL COUNTRY COMMUNITY 1406 PECAN ST	TX Facility ID: 'RESIDENCE	78613 Fax TITLE 18: TITLE19: TITLE 18/19:	(512) 327-5355 0 0	ICF/IID: 6	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 1 STE 1300 78759
Facility Information: DRIFTWOOD COMMUNITY H 2304 DIJON CEDAR PARK Phone (512) 327-2325 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: HILL COUNTRY COMMUNITY 1406 PECAN ST CEDAR PARK	TX Facility ID: 'RESIDENCE	78613	(512) 327-5355 0 0 0 Reg Svcs:	ICF/IID: 6	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 1 STE 1300
Facility Information: DRIFTWOOD COMMUNITY H 2304 DIJON CEDAR PARK Phone (512) 327-2325 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: HILL COUNTRY COMMUNITY 1406 PECAN ST CEDAR PARK Phone (512) 331-1753	TX Facility ID: 'RESIDENCE	78613	(512) 327-5355 0 0 0 Reg Svcs: (512) 327-5355 0	ICF/IID: 6 IID (AUSTIN REGION)	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 1 STE 1300 78759
Facility Information: DRIFTWOOD COMMUNITY H 2304 DIJON CEDAR PARK Phone (512) 327-2325 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: HILL COUNTRY COMMUNITY 1406 PECAN ST CEDAR PARK Phone (512) 331-1753 TOTAL Lic Capacity: 0	TX Facility ID: 'RESIDENCE	78613	(512) 327-5355 0 0 0 Reg Svcs: (512) 327-5355 0	ICF/IID: 6 IID (AUSTIN REGION)	D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 1 STE 1300 78759 FAX: (512) 327-5355
Facility Information: DRIFTWOOD COMMUNITY H 2304 DIJON CEDAR PARK Phone (512) 327-2325 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: HILL COUNTRY COMMUNITY 1406 PECAN ST CEDAR PARK Phone (512) 331-1753 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	TX Facility ID: 'RESIDENCE	78613	(512) 327-5355 0 0 0 Reg Svcs: (512) 327-5355 0	ICF/IID: 6 IID (AUSTIN REGION)	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 1 STE 1300 78759 FAX: (512) 327-5355
Facility Information: DRIFTWOOD COMMUNITY H 2304 DIJON CEDAR PARK Phone (512) 327-2325 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: HILL COUNTRY COMMUNITY 1406 PECAN ST CEDAR PARK Phone (512) 331-1753 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID: 'RESIDENCE	78613	(512) 327-5355 0 0 0 Reg Svcs: (512) 327-5355 0 0	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 10	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED
Facility Information: DRIFTWOOD COMMUNITY H 2304 DIJON CEDAR PARK Phone (512) 327-2325 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: HILL COUNTRY COMMUNITY 1406 PECAN ST CEDAR PARK Phone (512) 331-1753 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: RIVIERA COMMUNITY RESID	Facility ID: TX Facility ID: TX	78613	(512) 327-5355 0 0 0 Reg Svcs: (512) 327-5355 0 0	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 10	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED
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Facility Information: DRIFTWOOD COMMUNITY H 2304 DIJON CEDAR PARK Phone (512) 327-2325 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: HILL COUNTRY COMMUNITY 1406 PECAN ST CEDAR PARK Phone (512) 331-1753 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: RIVIERA COMMUNITY RESID	Facility ID: TX Facility ID: TX	78613	(512) 327-5355 0 0 0 Reg Svcs: (512) 327-5355 0 0	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 10	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED
Facility Information: DRIFTWOOD COMMUNITY H 2304 DIJON CEDAR PARK Phone (512) 327-2325 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: HILL COUNTRY COMMUNITY 1406 PECAN ST CEDAR PARK Phone (512) 331-1753 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: RIVIERA COMMUNITY RESID 2401 DIJON DR CEDAR PARK Phone (512) 335-3966	Facility ID: TX Facility ID: TX	78613	(512) 327-5355 0 0 0 Reg Svcs: (512) 327-5355 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 10 IID (AUSTIN REGION)	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: DRIFTWOOD COMMUNITY H 2304 DIJON CEDAR PARK Phone (512) 327-2325 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: HILL COUNTRY COMMUNITY 1406 PECAN ST CEDAR PARK Phone (512) 331-1753 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: RIVIERA COMMUNITY RESID 2401 DIJON DR CEDAR PARK	Facility ID: TX Facility ID: TX	78613	(512) 327-5355 0 0 0 Reg Svcs: (512) 327-5355 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 10	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 1 STE 1300 78759
Facility Information: DRIFTWOOD COMMUNITY H 2304 DIJON CEDAR PARK Phone (512) 327-2325 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: HILL COUNTRY COMMUNITY 1406 PECAN ST CEDAR PARK Phone (512) 331-1753 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: RIVIERA COMMUNITY RESID 2401 DIJON DR CEDAR PARK Phone (512) 335-3966 TOTAL Lic Capacity: 0	Facility ID: TX Facility ID: TX	78613	(512) 327-5355 0 0 0 Reg Svcs: (512) 327-5355 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 10 IID (AUSTIN REGION)	Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017 Owner Information D & S RESIDENTIAL SERVICES LP 8911 N CAPITAL OF TX HWY AUSTIN TX PHONE: (512) 327-2325 PROGRAM TYPE: ICF/IID License Exp Dt: 12/01/2017	,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 1 STE 1300 78759 FAX: (512) 327-5355 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN ,BLDG 1 STE 1300 78759 FAX: (512) 327-5355

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County WILLIAMSON		Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information: Facility I	D : 103555			Owner Information	
BARNABAS HOUSE AT DOWN HOME R	ANCH			DOWN HOME RANCH INC	
20250 FM 619 ELGIN TX	78621			20250 FM 619	
Phone (512) 856-0128	Fax	(512) 856-0256		ELGIN TX	78621
TOTAL Lic Capacity: 0	TITLE 18:	0	ICF/IID: 6	PHONE : (512) 856-0128	FAX : (512) 856-0256
Cert Alzh Capacity: 0	TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19:	0		License Exp Dt: 12/18/2018	
County WILLIAMSON		Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information: Facility I	D : 104838			Owner Information	
ISAIAH HOUSE AT DOWN HOME RANC	ł			DOWN HOME RANCH INC	
20250 FM 619 ELGIN TX	78621			20250 FM 619	
Phone (512) 856-0128	Fax	(512) 856-0256		ELGIN TX	78621
TOTAL Lic Capacity: 0	TITLE 18:	0	ICF/IID: 6	PHONE : (512) 856-0128	FAX : (512) 856-0256
Cert Alzh Capacity: 0	TITLE19:			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19:	0		License Exp Dt: 08/22/2017	
County WILLIAMSON		Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information: Facility I	D : 103554			Owner Information	
MARTHA HOUSE AT DOWN HOME RAN	CH			DOWN HOME RANCH INC	
20250 FM 619 ELGIN TX	78621			20250 FM 619	
Phone (512) 856-0128	Fax	(512) 856-0256		ELGIN TX	78621
TOTAL Lic Capacity: 0	TITLE 18:	0	ICF/IID: 6	PHONE : (512) 856-0128	FAX : (512) 856-0256
Cert Alzh Capacity: 0	TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19:	0		License Exp Dt: 12/17/2018	
				•	
County WILLIAMSON		Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
County WILLIAMSON Facility Information: Facility I	D : 103553	Reg Svcs:	IID (AUSTIN REGION)	Owner Information	Region 07 - AUSTIN
Facility Information: Facility I TERESA HOUSE AT DOWN HOME RAN		Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information: Facility I TERESA HOUSE AT DOWN HOME RAN 20250 FM 619		Reg Svcs:	IID (AUSTIN REGION)	Owner Information DOWN HOME RANCH INC 20250 FM 619	v
Facility Information: Facility I TERESA HOUSE AT DOWN HOME RAN 20250 FM 619	CH	Reg Svcs:	IID (AUSTIN REGION)	Owner Information DOWN HOME RANCH INC	Region 07 - AUSTIN 78621
Facility Information: Facility I TERESA HOUSE AT DOWN HOME RAN 20250 FM 619 ELGIN TX	CH 78621	(512) 856-0256	IID (AUSTIN REGION)	Owner Information DOWN HOME RANCH INC 20250 FM 619	v
Facility Information: Facility I TERESA HOUSE AT DOWN HOME RAN 20250 FM 619 ELGIN TX Phone (512) 856-0128	78621 Fax	(512) 856-0256 0		Owner Information DOWN HOME RANCH INC 20250 FM 619 ELGIN TX	78621
Facility Information: Facility Information: Facility Information: Facility Information: Facility Information: Facility Information: TERESA HOUSE AT DOWN HOME RAN 20250 FM 619 ELGIN TX Phone (512) 856-0128 TOTAL Lic Capacity: 0	78621 Fax TITLE 18:	(512) 856-0256 0		Owner Information DOWN HOME RANCH INC 20250 FM 619 ELGIN TX PHONE: (512) 856-0128	78621 FAX: (512) 856-0256
Facility Information: TX Phone (512) 856-0128 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	78621 Fax TITLE 18: TITLE19:	(512) 856-0256 0		Owner Information DOWN HOME RANCH INC 20250 FM 619 ELGIN TX PHONE: (512) 856-0128 PROGRAM TYPE: ICF/IID License Exp Dt: 11/05/2018	78621 FAX: (512) 856-0256
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Facility Information:	78621 Fax TITLE 18: TITLE19:	(512) 856-0256 0 0	ICF/IID: 6	Owner Information DOWN HOME RANCH INC 20250 FM 619 ELGIN TX PHONE: (512) 856-0128 PROGRAM TYPE: ICF/IID License Exp Dt: 11/05/2018	78621 FAX: (512) 856-0256 SERVICE TYPE PRIVATELY OWNED
Facility Information:	78621 Fax TITLE 18: TITLE19:	(512) 856-0256 0 0	ICF/IID: 6	Owner Information DOWN HOME RANCH INC 20250 FM 619 ELGIN TX PHONE: (512) 856-0128 PROGRAM TYPE: ICF/IID License Exp Dt: 11/05/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8	78621 FAX: (512) 856-0256 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: Facility I TERESA HOUSE AT DOWN HOME RAN 20250 FM 619 ELGIN TX Phone (512) 856-0128 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: Facility I ROCK HOUSE OF GEORGETOWN 1 4142 WILLIAMS DR	78621 Fax TITLE 18: TITLE 19: TITLE 18/19:	(512) 856-0256 0 0	ICF/IID: 6	Owner Information DOWN HOME RANCH INC 20250 FM 619 ELGIN TX PHONE: (512) 856-0128 PROGRAM TYPE: ICF/IID License Exp Dt: 11/05/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INC	78621 FAX: (512) 856-0256 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: Facility Interest Facility Information: Facility Interest Facility Interest Facility Interest Facility Interest Facility Information: Infor	78621 Fax TITLE 18: TITLE 19: TITLE 18/19: 0: 003784 78628	(512) 856-0256 0 0 0 Reg Svcs:	ICF/IID: 6	Owner Information DOWN HOME RANCH INC 20250 FM 619 ELGIN TX PHONE: (512) 856-0128 PROGRAM TYPE: ICF/IID License Exp Dt: 11/05/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8	78621 FAX: (512) 856-0256 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: Facility Information: Facility Information: Facility Information: TERESA HOUSE AT DOWN HOME RAN 20250 FM 619 ELGIN TX Phone (512) 856-0128 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: F	78621 Fax TITLE 18: TITLE 19: TITLE 18/19: 0: 003784 78628 Fax	(512) 856-0256 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION)	Owner Information DOWN HOME RANCH INC 20250 FM 619 ELGIN TX PHONE: (512) 856-0128 PROGRAM TYPE: ICF/IID License Exp Dt: 11/05/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX	78621 FAX: (512) 856-0256 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
TERESA HOUSE AT DOWN HOME RAN 20250 FM 619 ELGIN TX Phone (512) 856-0128 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: Facility IROCK HOUSE OF GEORGETOWN 1 4142 WILLIAMS DR GEORGETOWN TX Phone (512) 869-4661 TOTAL Lic Capacity: 0	78621 Fax TITLE 18: TITLE 19: TITLE 18/19: 0: 003784 78628 Fax TITLE 18:	(512) 856-0256 0 0 0 Reg Svcs: (512) 869-2176 0	ICF/IID: 6 IID (AUSTIN REGION)	Owner Information DOWN HOME RANCH INC 20250 FM 619 ELGIN TX PHONE: (512) 856-0128 PROGRAM TYPE: ICF/IID License Exp Dt: 11/05/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004	78621 FAX: (512) 856-0256 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN 76401 FAX: (254) 965-8653
Facility Information: Facility Interests A HOUSE AT DOWN HOME RAN 20250 FM 619 ELGIN TX Phone (512) 856-0128 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: Facility Information: Facility Information: TX Phone (512) 869-4661 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 Cert Alzh Capacity: 0	78621 Fax TITLE 18: TITLE 18/19: 0: 003784 78628 Fax TITLE 18: TITLE 18: TITLE 19:	(512) 856-0256 0 0 0 Reg Svcs: (512) 869-2176 0	ICF/IID: 6 IID (AUSTIN REGION)	Owner Information DOWN HOME RANCH INC 20250 FM 619 ELGIN TX PHONE: (512) 856-0128 PROGRAM TYPE: ICF/IID License Exp Dt: 11/05/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018	78621 FAX: (512) 856-0256 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN 76401 FAX: (254) 965-8653
TERESA HOUSE AT DOWN HOME RAN 20250 FM 619 ELGIN TX Phone (512) 856-0128 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: Facility IROCK HOUSE OF GEORGETOWN 1 4142 WILLIAMS DR GEORGETOWN 1 (512) 869-4661 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	78621 Fax TITLE 18: TITLE 19: TITLE 18/19: 0: 003784 78628 Fax TITLE 18: TITLE 19: TITLE 18/19:	(512) 856-0256 0 0 0 Reg Svcs: (512) 869-2176 0 0	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 13	Owner Information DOWN HOME RANCH INC 20250 FM 619 ELGIN TX PHONE: (512) 856-0128 PROGRAM TYPE: ICF/IID License Exp Dt: 11/05/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018	78621 FAX: (512) 856-0256 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN 76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED
Facility Information: Facility Interest Facility Information: Facility Interest Facility Interest Facility Interest Facility Interest Facility Interest Facility Information: Facility Interest Facility Information: Facility Informa	78621 Fax TITLE 18: TITLE 19: TITLE 18/19: 0: 003784 78628 Fax TITLE 18: TITLE 19: TITLE 18/19:	(512) 856-0256 0 0 0 Reg Svcs: (512) 869-2176 0 0	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 13	Owner Information DOWN HOME RANCH INC 20250 FM 619 ELGIN TX PHONE: (512) 856-0128 PROGRAM TYPE: ICF/IID License Exp Dt: 11/05/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018	78621 FAX: (512) 856-0256 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN 76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED
Facility Information: Facility Interests A HOUSE AT DOWN HOME RAN 20250 FM 619 ELGIN TX Phone (512) 856-0128 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: Facility Information: TX Phone (512) 869-4661 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 County WILLIAMSON Facility Information: Facility I	78621 Fax TITLE 18: TITLE 19: TITLE 18/19: 0: 003784 78628 Fax TITLE 18: TITLE 19: TITLE 18/19:	(512) 856-0256 0 0 0 Reg Svcs: (512) 869-2176 0 0	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 13	Owner Information DOWN HOME RANCH INC 20250 FM 619 ELGIN TX PHONE: (512) 856-0128 PROGRAM TYPE: ICF/IID License Exp Dt: 11/05/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8	78621 FAX: (512) 856-0256 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN 76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: Facility Interest Facility Information: Facili	78621 Fax TITLE 18: TITLE 19: TITLE 18/19: 0: 003784 78628 Fax TITLE 18: TITLE 19: TITLE 18/19:	(512) 856-0256 0 0 0 Reg Svcs: (512) 869-2176 0 0	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 13	Owner Information DOWN HOME RANCH INC 20250 FM 619 ELGIN TX PHONE: (512) 856-0128 PROGRAM TYPE: ICF/IID License Exp Dt: 11/05/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX	78621 FAX: (512) 856-0256 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN 76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: Facility Interest Facility Information: Facility Information: Facility Information: Facility Interest Facility Information: Facility Interest Facility Information: Facility Interest Facility Information: Facility Interest Fa	78621 Fax TITLE 18: TITLE 19: TITLE 18/19: 0: 003784 78628 Fax TITLE 18: TITLE 19: TITLE 18/19: 0: 003813 78628	(512) 856-0256 0 0 0 Reg Svcs: (512) 869-2176 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 13	Owner Information DOWN HOME RANCH INC 20250 FM 619 ELGIN TX PHONE: (512) 856-0128 PROGRAM TYPE: ICF/IID License Exp Dt: 11/05/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8	78621 FAX: (512) 856-0256 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN 76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: Facility ITERESA HOUSE AT DOWN HOME RAN 20250 FM 619 ELGIN TX Phone (512) 856-0128 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: Facility INTX Phone (512) 869-4661 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WILLIAMS DR GEORGETOWN TX Phone (512) 869-4661 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: Facility INTX Phone (512) 869-4661 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: Facility INTX PROCK HOUSE OF GEORGETOWN 2 4146 WILLIAMS DR GEORGETOWN TX Phone (512) 869-4662	78621 Fax TITLE 18: TITLE 19: TITLE 18/19: 0: 003784 78628 Fax TITLE 18: TITLE 19: TITLE 18/19: 0: 003813 78628 Fax Fax	(512) 856-0256 0 0 0 Reg Svcs: (512) 869-2176 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 13	Owner Information DOWN HOME RANCH INC 20250 FM 619 ELGIN TX PHONE: (512) 856-0128 PROGRAM TYPE: ICF/IID License Exp Dt: 11/05/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX PHONE: (254) 968-4004 PROGRAM TYPE: ICF/IID License Exp Dt: 10/01/2018 Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX Owner Information ROCK HOUSE SUPPORT SERVICES INC 2252 LINGLEVILLE ROAD HWY 8 STEPHENVILLE TX	78621 FAX: (512) 856-0256 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN 76401 FAX: (254) 965-8653 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN

 Wednesday, January 04, 2017
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County WILLIAMSON			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	007430			Owner Information	
SUMMER HOUSE II					ROCK HOUSE SUPPORT SERVICES INC	
208 MESA DR GEORGETOWN	TX	78628			2252 LINGLEVILLE ROAD HWY 8	
Phone (512) 869-0212		Fax	(512) 869-2176		STEPHENVILLE TX	76401
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (254) 968-4004	FAX: (254) 965-8653
Cert Alzh Capacity: 0		TITLE19:	0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 03/01/2017	
County WILLIAMSON			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	007412			Owner Information	
COUNTY GLEN COMMUNITY	RESIDENCE				KENMAR RESIDENTIAL SERVICES INCOF	RPORATED
308 COUNTY GLEN LEANDER	TX	78641			33 CYPRESS BLVD	,SUITE 100
Phone (512) 259-7573		Fax	(512) 259-3873		ROUND ROCK TX	78665
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (512) 336-0800	FAX : (512) 336-0812
Cert Alzh Capacity: 0		TITLE19:		-	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 03/15/2018	
County WILLIAMSON			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
Facility Information:	Facility ID:	007808			Owner Information	
BRUSHY CREEK COMMUNIT	Y HOME				EDUCARE COMMUNITY LIVING LIMITED F	PARTNERSHIP
803 BRUSHY CRK DR ROUND ROCK	TX	78664			9901 LINN STATION ROAD	
Phone (512) 218-9483		Fax			LOUISVILLE KY	40223-3808
TOTAL Lic Capacity: 0		TITLE 18:	0	ICF/IID: 6	PHONE : (502) 394-2100	FAX: (502) 394-2285
Cert Alzh Capacity: 0		TITLE19:		iornio.	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0		TITLE 18/19:	0		License Exp Dt: 01/01/2017	
County WILLIAMSON			Reg Svcs:	IID (AUSTIN REGION)		Region 07 - AUSTIN
County WILLIAMSON Facility Information:	Facility ID:	003626	Reg Svcs:	IID (AUSTIN REGION)	Owner Information	Region 07 - AUSTIN
•	•	003626	Reg Svcs:	IID (AUSTIN REGION)		v
Facility Information: GREYSON COMMUNITY RES 2316 PEARSON WAY	IDENCE		Reg Svcs:	IID (AUSTIN REGION)	Owner Information	v
Facility Information: GREYSON COMMUNITY RES 2316 PEARSON WAY ROUND ROCK	•	78665	•	IID (AUSTIN REGION)	Owner Information KENMAR RESIDENTIAL SERVICES INCOF	RPORATED
Facility Information: GREYSON COMMUNITY RES 2316 PEARSON WAY ROUND ROCK Phone (512) 336-0800	IDENCE	78665 Fax	(512) 336-0812		Owner Information KENMAR RESIDENTIAL SERVICES INCOR 33 CYPRESS BLVD	RPORATED ,SUITE 100
Facility Information: GREYSON COMMUNITY RES 2316 PEARSON WAY ROUND ROCK	IDENCE	78665	(512) 336-0812 0	IID (AUSTIN REGION) ICF/IID: 6	Owner Information KENMAR RESIDENTIAL SERVICES INCOF 33 CYPRESS BLVD ROUND ROCK TX	RPORATED ,SUITE 100 78665
Facility Information: GREYSON COMMUNITY RES 2316 PEARSON WAY ROUND ROCK Phone (512) 336-0800 TOTAL Lic Capacity: 0	IDENCE	78665 Fax TITLE 18:	(512) 336-0812 0		Owner Information KENMAR RESIDENTIAL SERVICES INCOF 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800	RPORATED ,SUITE 100 78665 FAX: (512) 336-0812
Facility Information: GREYSON COMMUNITY RES 2316 PEARSON WAY ROUND ROCK Phone (512) 336-0800 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	IDENCE	78665 Fax TITLE 18: TITLE19:	(512) 336-0812 0 0	ICF/IID: 6	Owner Information KENMAR RESIDENTIAL SERVICES INCOF 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 10/19/2017	RPORATED ,SUITE 100 78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED
Facility Information: GREYSON COMMUNITY RES 2316 PEARSON WAY ROUND ROCK Phone (512) 336-0800 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0	IDENCE	78665 Fax TITLE 18: TITLE19:	(512) 336-0812 0		Owner Information KENMAR RESIDENTIAL SERVICES INCOF 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 10/19/2017	RPORATED ,SUITE 100 78665 FAX: (512) 336-0812
Facility Information: GREYSON COMMUNITY RES 2316 PEARSON WAY ROUND ROCK Phone (512) 336-0800 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON	TX Facility ID:	78665 Fax TITLE 18: TITLE19: TITLE 18/19:	(512) 336-0812 0 0	ICF/IID: 6	Owner Information KENMAR RESIDENTIAL SERVICES INCOF 33 CYPRESS BLVD TX ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: License Exp Dt: 10/19/2017	RPORATED ,SUITE 100 ,78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: GREYSON COMMUNITY RES 2316 PEARSON WAY ROUND ROCK Phone (512) 336-0800 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: MUSTANG COMMUNITY RES 4207 DEER TRACT	TX Facility ID: IDENCE	78665 Fax TITLE 18: TITLE19: TITLE 18/19:	(512) 336-0812 0 0	ICF/IID: 6	Owner Information KENMAR RESIDENTIAL SERVICES INCOF 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 10/19/2017 Owner Information	RPORATED ,SUITE 100 ,78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: GREYSON COMMUNITY RES 2316 PEARSON WAY ROUND ROCK Phone (512) 336-0800 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: MUSTANG COMMUNITY RES 4207 DEER TRACT ROUND ROCK	TX Facility ID:	78665	(512) 336-0812 0 0 0 Reg Svcs:	ICF/IID: 6	Owner Information KENMAR RESIDENTIAL SERVICES INCOF 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 10/19/2017 Owner Information KENMAR RESIDENTIAL SERVICES INCOF	RPORATED ,SUITE 100 ,78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: GREYSON COMMUNITY RES 2316 PEARSON WAY ROUND ROCK Phone (512) 336-0800 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: MUSTANG COMMUNITY RES 4207 DEER TRACT ROUND ROCK Phone (512) 246-0434	TX Facility ID: IDENCE	78665	(512) 336-0812 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION)	Owner Information KENMAR RESIDENTIAL SERVICES INCOR 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 10/19/2017 Owner Information KENMAR RESIDENTIAL SERVICES INCOR 33 CYPRESS BLVD	RPORATED ,SUITE 100 ,78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN RPORATED ,SUITE 100
Facility Information: GREYSON COMMUNITY RES 2316 PEARSON WAY ROUND ROCK Phone (512) 336-0800 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: MUSTANG COMMUNITY RES 4207 DEER TRACT ROUND ROCK Phone (512) 246-0434 TOTAL Lic Capacity: 0	TX Facility ID: IDENCE	78665	(512) 336-0812 0 0 0 Reg Svcs:	ICF/IID: 6	Owner Information KENMAR RESIDENTIAL SERVICES INCOF 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 10/19/2017 Owner Information KENMAR RESIDENTIAL SERVICES INCOF 33 CYPRESS BLVD ROUND ROCK TX	RPORATED ,SUITE 100 ,78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN RPORATED ,SUITE 100 ,78665
Facility Information: GREYSON COMMUNITY RES 2316 PEARSON WAY ROUND ROCK Phone (512) 336-0800 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: MUSTANG COMMUNITY RES 4207 DEER TRACT ROUND ROCK Phone (512) 246-0434	TX Facility ID: IDENCE	78665	(512) 336-0812 0 0 0 Reg Svcs: (512) 246-0052 0	ICF/IID: 6 IID (AUSTIN REGION)	Owner Information KENMAR RESIDENTIAL SERVICES INCOR 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 10/19/2017 Owner Information KENMAR RESIDENTIAL SERVICES INCOR 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID	RPORATED ,SUITE 100
Facility Information: GREYSON COMMUNITY RES 2316 PEARSON WAY ROUND ROCK Phone (512) 336-0800 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: MUSTANG COMMUNITY RES 4207 DEER TRACT ROUND ROCK Phone (512) 246-0434 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	TX Facility ID: IDENCE	78665	(512) 336-0812 0 0 0 Reg Svcs: (512) 246-0052 0 0	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information KENMAR RESIDENTIAL SERVICES INCOR 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 10/19/2017 Owner Information KENMAR RESIDENTIAL SERVICES INCOR 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018	RPORATED ,SUITE 100 ,78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN RPORATED ,SUITE 100 ,78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED
Facility Information: GREYSON COMMUNITY RES 2316 PEARSON WAY ROUND ROCK Phone (512) 336-0800 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: MUSTANG COMMUNITY RES 4207 DEER TRACT ROUND ROCK Phone (512) 246-0434 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON	Facility ID: IDENCE TX	78665	(512) 336-0812 0 0 0 Reg Svcs: (512) 246-0052 0	ICF/IID: 6 IID (AUSTIN REGION)	Owner Information KENMAR RESIDENTIAL SERVICES INCOF 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 10/19/2017 Owner Information KENMAR RESIDENTIAL SERVICES INCOF 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018	RPORATED ,SUITE 100
Facility Information: GREYSON COMMUNITY RES 2316 PEARSON WAY ROUND ROCK Phone (512) 336-0800 TOTAL Lic Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: MUSTANG COMMUNITY RES 4207 DEER TRACT ROUND ROCK Phone (512) 246-0434 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0	Facility ID: TX Facility ID: TX	78665	(512) 336-0812 0 0 0 Reg Svcs: (512) 246-0052 0 0	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information KENMAR RESIDENTIAL SERVICES INCOR 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 10/19/2017 Owner Information KENMAR RESIDENTIAL SERVICES INCOR 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018	RPORATED ,SUITE 100 ,78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN RPORATED ,SUITE 100 ,78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: GREYSON COMMUNITY RES 2316 PEARSON WAY ROUND ROCK Phone (512) 336-0800 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: MUSTANG COMMUNITY RES 4207 DEER TRACT ROUND ROCK Phone (512) 246-0434 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: MALLARD COMMUNITY RESI 1609 MALLARD	Facility ID: TX Facility ID: TX Facility ID: DENCE	78665	(512) 336-0812 0 0 0 Reg Svcs: (512) 246-0052 0 0	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Wener Information KENMAR RESIDENTIAL SERVICES INCOR 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 10/19/2017 Owner Information KENMAR RESIDENTIAL SERVICES INCOR 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018	RPORATED ,SUITE 100 ,78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN RPORATED ,SUITE 100 ,78665 FAX: (512) 336-0812 SERVICE TYPE PRIVATELY OWNED Region 07 - AUSTIN
Facility Information: GREYSON COMMUNITY RES 2316 PEARSON WAY ROUND ROCK Phone (512) 336-0800 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: MUSTANG COMMUNITY RES 4207 DEER TRACT ROUND ROCK Phone (512) 246-0434 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: MALLARD COMMUNITY RESI 1609 MALLARD TAYLOR	Facility ID: TX Facility ID: TX	78665	(512) 336-0812 0 0 0 Reg Svcs: (512) 246-0052 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Wener Information KENMAR RESIDENTIAL SERVICES INCOR 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 10/19/2017 Owner Information KENMAR RESIDENTIAL SERVICES INCOR 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018 Owner Information KENMAR RESIDENTIAL SERVICES INCOR	RPORATED ,SUITE 100
Facility Information: GREYSON COMMUNITY RES 2316 PEARSON WAY ROUND ROCK Phone (512) 336-0800 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: MUSTANG COMMUNITY RES 4207 DEER TRACT ROUND ROCK Phone (512) 246-0434 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: MALLAC COMMUNITY RESI 1609 MALLARD TAYLOR Phone (512) 365-3743	Facility ID: TX Facility ID: TX Facility ID: DENCE	78665	(512) 336-0812 0 0 0 Reg Svcs: (512) 246-0052 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6 IID (AUSTIN REGION)	Wener Information KENMAR RESIDENTIAL SERVICES INCOR 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 10/19/2017 Owner Information KENMAR RESIDENTIAL SERVICES INCOR 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018 Owner Information KENMAR RESIDENTIAL SERVICES INCOR 33 CYPRESS BLVD Owner Information KENMAR RESIDENTIAL SERVICES INCOR 33 CYPRESS BLVD	RPORATED ,SUITE 100
Facility Information: GREYSON COMMUNITY RES 2316 PEARSON WAY ROUND ROCK Phone (512) 336-0800 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: MUSTANG COMMUNITY RES 4207 DEER TRACT ROUND ROCK Phone (512) 246-0434 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: MALLARD COMMUNITY RESI 1609 MALLARD TAYLOR Phone (512) 365-3743 TOTAL Lic Capacity: 0	Facility ID: TX Facility ID: TX Facility ID: DENCE	78665	(512) 336-0812 0 0 0 Reg Svcs: (512) 246-0052 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6	Owner Information KENMAR RESIDENTIAL SERVICES INCOR 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 10/19/2017 Owner Information KENMAR RESIDENTIAL SERVICES INCOR 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018 Owner Information KENMAR RESIDENTIAL SERVICES INCOR 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018	RPORATED ,SUITE 100
Facility Information: GREYSON COMMUNITY RES 2316 PEARSON WAY ROUND ROCK Phone (512) 336-0800 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: MUSTANG COMMUNITY RES 4207 DEER TRACT ROUND ROCK Phone (512) 246-0434 TOTAL Lic Capacity: 0 Cert Alzh Capacity: 0 PRIVATE Beds: 0 County WILLIAMSON Facility Information: MALLAC COMMUNITY RESI 1609 MALLARD TAYLOR Phone (512) 365-3743	Facility ID: TX Facility ID: TX Facility ID: DENCE	78665	(512) 336-0812 0 0 0 Reg Svcs: (512) 246-0052 0 0 0 Reg Svcs:	ICF/IID: 6 IID (AUSTIN REGION) ICF/IID: 6 IID (AUSTIN REGION)	Owner Information KENMAR RESIDENTIAL SERVICES INCOR 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 10/19/2017 Owner Information KENMAR RESIDENTIAL SERVICES INCOR 33 CYPRESS BLVD ROUND ROCK TX PHONE: (512) 336-0800 PROGRAM TYPE: ICF/IID License Exp Dt: 03/15/2018 Owner Information KENMAR RESIDENTIAL SERVICES INCOR 33 CYPRESS BLVD ROUND ROCK TX Owner Information KENMAR RESIDENTIAL SERVICES INCOR 33 CYPRESS BLVD ROUND ROCK TX	RPORATED ,SUITE 100

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County WILLIAMSON Reg Svcs: IID (AUSTIN REGION) Region 07 - AUSTIN

Facility Information: Facility ID: 003680

TAYLOR COMMUNITY RESIDENCE

4600 NORTH DRIVE **TAYLOR** TX 76574

Phone

(512) 365-9727

TOTAL Lic Capacity: 0

Cert Alzh Capacity: 0 TITLE19: 0 PRIVATE Beds: 0 TITLE 18/19: 0

Fax (512) 365-8471

TITLE 18: 0

ICF/IID: 6

PHONE:

Owner Information

33 CYPRESS BLVD

ROUND ROCK

(512) 336-0800

KENMAR RESIDENTIAL SERVICES INCORPORATED

TX

FAX:

SUITE 100

(512) 336-0812

SERVICE TYPE PRIVATELY OWNED

78665

License Exp Dt: 03/15/2018

PROGRAM TYPE: ICF/IID

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